DOCUMENT RESUME

ED 078 968 PS 006 744

TITLE	A Report of the Home Based Working Conference, Learning Institute of North Carolina (LINC) (March 12-15, 1973).
INSTITUTION	Learning Inst. of North Carolina, Durham.
SPONS AGENCY	Office of Child Development (DHEW), Washington, D.C.n
PUB DATE	Mar 73
NOTE	67p.
EDRS PRICE	MF-$0.65 HC-$3.29
DESCRIPTORS	Demonstration Programs; *Early Childhood Education; Evaluation; *Home Programs; Instructional Staff; Medical Services; Nutrition; Parent Child Relationship; Parent Education; *Parent Participation; *Preschool Programs; *Program Descriptions; Training
IDENTIFIERS	*Project Head Start; *Project Home Start

ABSTRACT

The primary objective of this conference was to provide Head Start program representatives with information and descriptive materials on approaches to home-based education for preschool children with the parent as the focal point. Descriptions of six different programs outline objectives, services, advantages, and disadvantages, cost, evaluation plans, and staff training. Also included in the report are conference evaluation data, brief descriptions of other home-based programs, and a bibliography. (ST)

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A REPORT OF THE HOME BASED WORKING CONFERENCE

held March 12-15, 1973

PS 006744

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
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ATLANTA, GEORGIA 30323

Room 359

OFFICE OF THE
REGIONAL DIRECTOR

March 27, 1973

To: Fellow Parent and Child Advocates

The Home Based Option is one of five that can now be considered by Head Start personnel throughout the country. We feel that it is important for persons considering the Home Based Option to explore in-depth the various aspects of more than one of the existing 200 Home Based Programs that presently exist.

The Home Based Working Conference sponsored by the Learning Institute of North Carolina was designed to assist Head Start and other child care personnel in viewing at least five approaches to Home Based education for pre-school children with the parent as the focal point. Information gained at such a conference will hopefully be shared with staff, parents, policy council and other community people who will be involved in making the decision to select Home Based Option as a partial or complete alternative for an existing program which is center based and making minimal efforts to involve parents.

Following a community child care needs assessment, it will be essential for Head Start personnel to explore whether the Home Based Option better meets the needs of the community served. Although the Home Based Option appears simple to implement, the necessity for Head Start Programs to comply with the Head Start Performance Standards makes essential the critical analysis of community needs and the type of staff needed to effectively implement this option.

Barbara I. Whitaker
(Mrs.) Barbara I. Whitaker
Assistant Regional Director
Office of Child Development

Special Introduction To Home Based Working Conference

Head Start research and experience has shown that individualizing programs to meet local needs usually results in better developmental services for children and families. In line with this concept, the Office of Child Development (OCD) has initiated a process encouraging Head Start programs to consider and adopt planned variations tailored to the needs of the communities they serve. The options from which programs may select are:

- *The Standard Head Start Model*
  The traditional model of 5-day center-based activities
- *Variations in Center Attendance*
  A less than 5-day a week center attendance, planned to reflect differing needs of individual children and families.
- *Home-Based Models*
  Using the home as the central facility and geared to promoting the parent as the primary factor in the child's development.
- *Double-Sessions*
  Scheduling two classes per day.
- *Locally-Designed Variations*
  A program designed in addition to or instead of one of the other options, originated by the local Head Start Grantee.

Encouraging programs to adopt these options is one major part of Head Start Improvement and Innovation for FY (Fiscal Year) 1973.

The Learning Institute of North Carolina (LINC) Child Development Training Center, assisting OCD in this effort, sponsored a four-day working conference on one of these options—the Home Based Approach. The conference featured speakers from Home Start national demonstration programs, the Home Start National Office, and various other home-based programs from different parts of the country. The primary objective of the conference was to provide "information and descriptive material" on the home-based approaches to Head Start program representatives.

The specific objectives for the conference were crystallized in the participant expectations. (See list of participant expectations). The conference provided basic factual data about the home-based programs presented and encouraged participants to seek specific information from consultants about their programs.

The participants received information that would enable them to more adequately appraise the advantages and disadvantages of implementing a home-based model in their own program. They also developed a plan for sharing this information with their staff and community.

This report of the conference proceedings is compiled to present information on the programs presented, some additional program summaries from other parts of the country, as well as the results of the small group buzz sessions. Hopefully, it will prove useful not only to Head Start programs but to other programs and persons devoted to the development of children and to promoting parents as the prime factors in that development.

LINC'S sponsorship of this conference is not an attempt to encourage programs to implement a home-based option.

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HOME-BASED MODELS

Head Start grantees may elect to develop and incorporate a home-based model into their current program. Such models would focus on the parent as the primary factor in the child's development and the home as the central facility. These models may be designed along the lines of the Home Start demonstration programs initiated in fifteen communities in FY 1972 or on a model developed by the local community. The following conditions must be met by these grantees in implementing their program:

a. Comprehensive Services

The same kinds of services which are available to children served in a center-based Head Start program will be available to children served by a home-based program. As in center-based programs, the home-based program must make every possible effort to identify, coordinate, integrate and utilize existing community resources and services (public, reduced-fee, or no fee) in providing nutritional, health, social and psychological services for its children and their families.

(1) Nutrition

In home-based programs, whenever feasible children should receive the same nutrition services as in center-based programs with priority emphasis on nutrition education aimed at helping parents learn to make the best use of existing food resources through food planning, buying and cooking. If periodic, regular or incidental group sessions for children are held, every effort should be made to prepare and serve a nutritious snack or meal. When food is not available to a family, the home-based program must make every effort to put the family in touch with whatever community organization can help supply food. In addition, parents should be informed of all available family assistance programs and should be encouraged to participate in them.

Nutrition education must recognize cultural variations in food preference and supplement and build upon these preferences rather than attempt to replace them. Thus, food items that are a regular part of a family's diet will be a major focal point of nutrition education.

(2) Health

Every effort must be made to provide health services through existing resources. Children in home-based programs are to receive the same health services as children in center-based programs.

(3) Psychological and Social Services

Home-based program shall provide needed services through existing community resources or within the sponsoring Head Start program in accordance with existing Head Start policies.

b. Curriculum for Children

A major emphasis of the program must be to help parents enhance the total development (including cognitive language, social emotional and physical) of all their children.

Whatever the educational program or philosophy of a home-based program, it must have a plan or system for devoloping individualized or "personalized" education programs for its children.

In addition, programs must provide material, supplies and equipment (such as tricycles, wagons, blocks, manipulative toys and books) to foster the children's development in their homes as needed. Provision for such materials may be made through lending, cooperative or purchase systems.

Group socialization experiences must be provided on a periodic basis for all children in home-based programs. The proposal must specify what kind of development activities will take place in the group setting.

Furthermore, the education component — as well as all program components—must meet the needs of the locale by taking into account appropriate local, ethnic, cultural and language characteristics.

c. Parent Program

Home-based programs reflect the concept that the parent is the first and most influential educator and "enabler" of his or her own

Home-Based Models--Continued

children. Thus, home-based programs are to place emphasis on developing and expanding the "parenting" role of Head Start.

d. Evening and Weekend Services

It is suggested that the program make provision for evening and weekend services to families when needed.

e. Career Development

Programs must provide career development opportunities for staff. For example, training of staff should qualify for academic credit or other appropriate credentials whenever possible.

f. Service Delivery System

In their proposal, grantees must describe their system for delivering health, nutrition, psychological and other services that are not provided primarily by the in-home caregiver.

g. Staff Selection

Proposals must describe the program's system for selecting staff in accord with the responsibilities assigned by the program to the staff member. For example, the staff visiting homes must be:

(1) fluent in the language used by the families they serve

(2) responsive listeners

(3) knowledgeable about human development, family dynamics and needs of children

(4) knowledgeable about all program components

(5) knowledgeable about community resources

h. Staff Development

Programs must submit a staff and volunteer recruitment plan and a training plan, including content of proposed pre- and in- service training programs, teaching method, descriptions of training staff or consultants, and provisions for continued in-service training. The career development plan must be designed to develop or increase staff member's knowledge about:

(1) approaches to and technique of working with parents

(2) other home-based or Home Start-like programs

(3) Head Start component areas

i. Volunteers

As in all other Head Start programs, the home based programs must encourage and provide opportunity for the use of volunteers.

LINC CHILD DEVELOPMENT TRAINING CENTER

AGENDA

HOME BASED WORKING CONFERENCE
MARCH 12 - 15, 1973
Ramada Inn
120 Seneca Drive
Greensboro, N. C. 27403

MONDAY, MARCH 12	TUESDAY, MARCH 13	WEDNESDAY, MARCH 14	THURSDAY, MARCH 15
8:30 AM Registration for Facilitators 9:00 - 12:00 NOON Leadership Workshop for Conference Facilitators only	9:00 - 12 NOON Shirley Young Director of Home Start Franklin, N. C. --- 9:00 - 12 NOON Kyo Jhin Director of Home Start Huntsville, Alabama	9:00 - 12 NOON Arlene Kochman Asst. Director & Penny Kirschenfeld Program Supervisor Mother-Child Home Program Freeport, N. Y.	9:00 - 12 NOON Judy McMurray Graduate Assistant Institute of Development of Human Resources Instruction Strategies for Infant Stimulation Gainesville, Fla.
12:00 - 1:00 LUNCH	12:00 - 1:30 LUNCH	12:00 - 1:30 LUNCH	12:00 - 1:15 LUNCH
1:00 - 3:00 PM Registration for Conference Participants	1:30 - 4:30 PM Florence Sequin Program Associate Home Start - OCD Washington, D. C.	1:30 - 5:00 PM Gregory Simms Executive Director New Approach Method Trenton, N. J.	1:15 - 4:00 PM Developing the plan for back home
---	---	---	---
3:00 - 5:00 PM General Orientation	7:00 - 10:00 PM Social Hour sponsored by Kaplans School Supply	6:00 - 8:00 PM "Ginger Beer Sip" @ Uhuru Book Store 412 E. Market St.	Evaluation

PARTICIPANT EXPECTATIONS

1. Participants will develop a list of the advantages and disadvantages of each of the Home-Based programs presented.
2. Participants will receive materials on each of the programs presented.
3. Participants will receive information on the cost of each program per child.
4. Participants will develop a list of questions about how the components of Head Start can be adhered to through each of the programs presented.
5. Participants will develop a mechanism for presenting the information obtained to their staff and community.

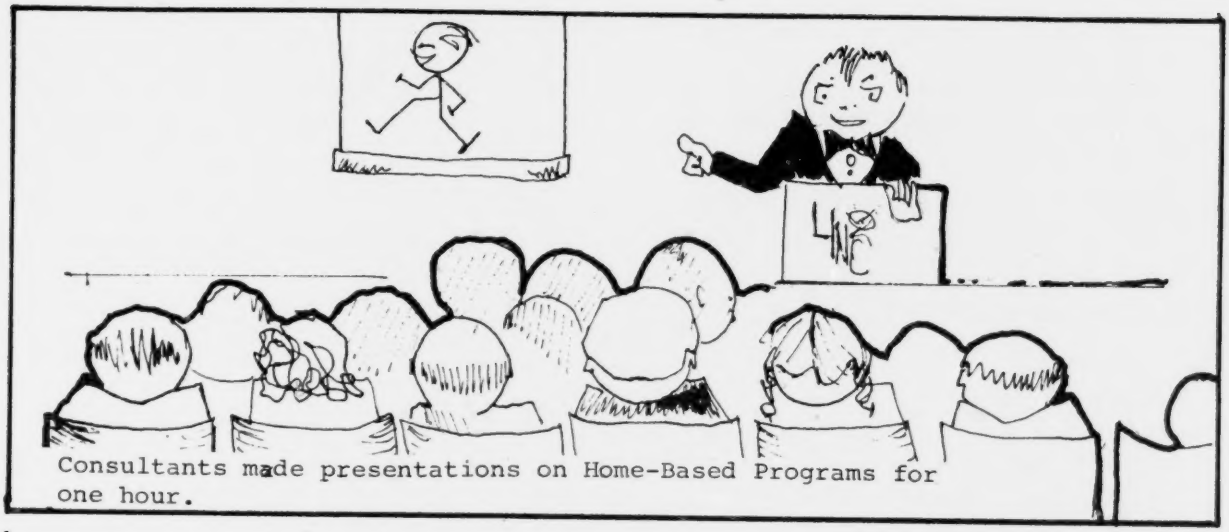
FACT SHEET ON HOME BASED PROGRAMS PRESENTED AT THE WORKING CONFERENCE

A fact sheet containing basic information about the programs of each of the presenters was developed during the working conference. The information was compiled by the LINC person who was host or hostess to the presenter. In some instances, presenters completed the form themselves. A presenter's proposal was used in one instance to obtain the information.

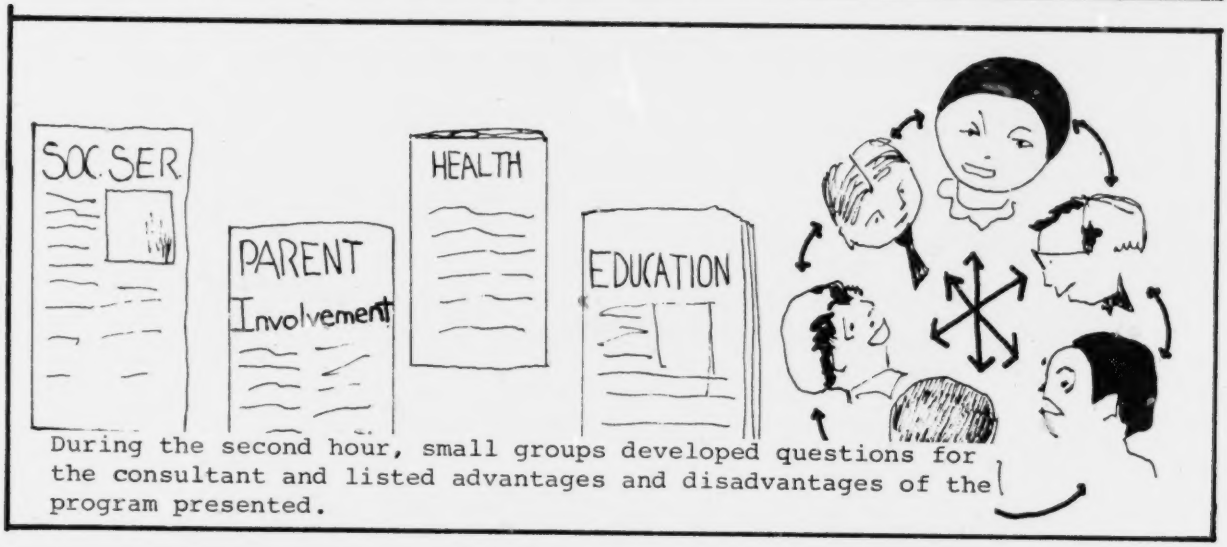
The information compiled follows in the order of presentation at the conference.

USE OF ADVANTAGES AND DISADVANTAGES LISTED FOLLOWING THE DESCRIPTION OF PROGRAMS PRESENTED AT THE CONFERENCE

The advantages-disadvantages lists should be viewed as aids in identifying problems and solutions in home-based programs. These lists were derived from group discussions and offer different viewpoints and shades of thought. They are not meant to be an exhaustive, uniformally factual systematic analysis. They represent, rather, different approaches and thoughts on the many issues and details connected with choosing to implement a home based model.



Consultants made presentations on Home-Based Programs for one hour.



During the second hour, small groups developed questions for the consultant and listed advantages and disadvantages of the program presented.

The third hour was spent raising questions with consultant clarifying the concept of the Home Based Program just presented.

ORGANIZATION: LINC CHILD DEVELOPMENT TRAINING CENTER

Resources Required

Overall Evaluation

OBJECTIVE: To conduct a three hour leadership workshop for Home Based Working Conference Small Group Leaders and Recorders on March 12, 1973.

MILESTONES	AM COMPLETION TIMES							
	9:00	9:15	10:00	10:30	10:45	11:10	11:50	12:00
1. Complete facilitator registration	△							
2. Complete welcome and brief look at packets		△						
3. Complete role playing by LINC staff of roles of small group leader and recorder			△					
4. Complete first practice session for leaders and recorders.				△				
5. Complete break					△			
6. Complete second practice session						△		
7. Complete review of roles and "walk through" of the working conference.							△	
8. Complete leadership workshop evaluation								△

PARTICIPANT OUTCOMES

1. Small Group Leaders will be able to use the Home Based Fact Sheet.
2. Small Group Leaders will have an opportunity to clarify and practice stating small group tasks.
3. Small Group Leaders and Recorders will have an opportunity to practice recording information on newsprint.
4. Small Group Leaders and Recorders will have an opportunity to practice reporting back to large group information recorded on newsprint.
5. Small Group Leaders and Recorders will have an opportunity to practice the small group format.
6. Small Group Recorders will have an opportunity to practice eliminating duplications in questions.
7. Small Group Leaders and Recorders will have an opportunity to practice using diads and quads.

Home Base Working Conference

Criteria For Selecting Small Group Leaders And Recorders

1. The persons should know their strengths, limitations and personal biases and avoid imposing their methods, ideas, and hidden agenda on the group.

2. Someone who sees himself as a learner rather than an authority.

3. Someone who can relate information efficiently and fluently.

4. Someone who can write legibly on large newsprint using a magic marker.

5. Someone who understands goals of Head Start.

6. Someone employed in Head Start at least six months.

7. Someone who has demonstrated leadership ability.

8. Someone who is able to accept others' ideas and suggestions.

9. Someone who will remain for entire conference and attend all sessions.

10. Someone who is willing to have his ideas rejected.

Role Of The Small Group Discussion Leader

1. To understand and state the task clearly for the small group.

2. To help small group participants identify questions and concerns related to the models presented.

3. To help participants define the advantages and disadvantages of the particular model as it relates to the goals of Head Start.

4. To use techniques gained in leadership workshop.

5. To aid the small group work rather than doing the work for the group.

6. To assist the group in considering each component of Head Start as they develop questions, advantages and disadvantages.

7. To gather materials and prepare ahead of time for the job assigned daily.

8. To be aware of the group dynamics and try to make sure each person is included in discussions.

9. To be sure you really understand what a person is saying rather than assuming you know what they said.

Role Of The Recorder And Reporter

1. To record participants' questions and concerns related to the models presented as the participants state them using the format provided.

2. To collect participants' views on advantages and disadvantages of the particular model as it relates to the goals of Head Start using the format provided.

3. To ask the questions recorded when the total group comes together.

4. To use techniques gained in leadership workshop.

5. To gather materials and prepare ahead of time for the job assigned daily.

6. To record and submit to designated person on 8½x11" paper each small groups' questions, concerns, advantages and disadvantages daily.

TARCOG

(Top of Alabama Regional Council of Government)

Kyo R. Jhin, Director—Conference Presenter
Human Resources Program
2603 Leeman Ferry Road, S. W.
Huntsville, Alabama 35801

PROGRAM OBJECTIVES

1. Improving the parents' understanding of Early Childhood Development and appropriate tasks and responsibilities for children.
2. Familiarizing parents with local agencies and services such as, employment agencies, health services, welfare, and education.
3. Generating an awareness of family planning.
4. Stimulating parents' interests and active roles in the affairs of Home Start and Community Action Programs.

BRIEF DESCRIPTION OF PROGRAM FOR CHILDREN
The Education Component includes 30-minute television programs, supplementary materials and instruction for parents, and work with the children one day a week in seven Home Start Centers. Home visitors are responsible for furnishing parents with educational materials and information for use with children, and nutritional and health care information.

PROGRAM COST PER CHILD
$750.00 per year.

STATEMENT ON PARENT INVOLVEMENT IN THE PROGRAM—The core of the program is interaction between the parent and child in the home. Monthly meetings are held at a center level to give parents an opportunity to communicate mutual needs, concerns and interests. On a regional basis, the Policy Council is composed of ten parents and nine agency representatives from the TARCOG area.

STATEMENT ON NUTRITION PROGRAM — This component aims to help parents make the best use of food resources through food planning, Demonstration agencies and training of staff. Children receive snack at the center.

STATEMENT ON MEDICAL/DENTAL PROGRAM—All children are given physical and dental examination. When funds are available, physical examinations are given to parents and siblings. All innoculations are provided free of charge by the five county health departments. The medical expense is over 10% of the budget.

STATEMENT ON PSYCHOLOGICAL SERVICES PROVIDED—These services are provided first by the Home Start staff through counseling with perents on family problems. The mental health associations, rehabilitation agencies, private practitioners, and other service agencies provide referral and consultation services.

STAFFING PATTERN—There is a Staff Coordinator with a MA in guidance, one Teacher Health Consultant (BA level), one Teacher Nutrition Consultant, Two Aides, and six Home Visitors who visit homes once a week.

QUALIFICATIONS NEEDED BY PROGRAM STAFF—The program staff is made up of qualified people who need money. However, the quality of the program is not sacrificed just to hire people who need money, the staff must be qualified for the various jobs.

STATEMENT ON STAFF TRAINING (How it is done and if any special training is needed.)—There are pre-service and in-service workshops to train staff. The pre-service covered the five areas of health, nutrition, education, social-psychological, and parent involvement and bi-monthly staff meetings are planned to meet staff development needs of staff.

LIST SPECIAL EQUIPMENT OR MATERIALS NEEDED TO IMPLEMENT PROGRAM — Each family must have a television and each family is provided with dollars worth of materials per year to be used as a parent guide with the television shows. The television lessons and accompanying materials were developed at the Appalachia Educational Laboratory of Charleston, West Virginia.

STATEMENT ON HOW PROGRAM IS EVALUATED AND BY WHOM—The evaluation is done by ABT Associates, Cambridge, Massachusetts.

RESOURCES AND HOW THE PROGRAM HELPS PARENTS USE RESOURCES—The program uses resources in multi-county area, as well as on a state and national level. Whenever possible, parents are helped to get already existing services. The program has been able to get parents services which if the program itself provided, would triple the budget.

1. TARCOG—Kyo Jhin

A. Advantages

1. Involves parents in growth and development of child.
2. More "intimate" or "personalized" service.
3. Learning experience for parents.
4. Eliminates transportation problems (daily)
5. Serves as an "axis" for agency services.
6. Parents trained at home.
7. Closer involvement with parents—builds trust and good relationships.
8. Parent involvement in staff training.
9. Group experience for children once a week. Parents can also work with children other than their own.
10. Maintain quality.
11. Helping children and adults reach their potentials.
12. Direct relationship between parents and the total education of their children.
13. Coordinate efforts focused upon recipients result in the meeting of specific needs.
14. Allows the center to get trained staff into the homes with more needs being seen, evaluated. (Not strictly center-related.)
15. Low cost per child. (Administratively as compared to Head Start) $250.00 vs $1,500
16. Educational emphasis put back into the home setting.
17. Child has more individual attention.
18. Reach more children out of area.
19. Improvement of home conditions health wise.
20. Generate more community interest.
21. Greater improvement of social services.
22. Lower food cost.
23. Individual attention for each child.
24. Each child can work at his own speed.
25. Child can work in his own environment.
26. Lower maintenance costs.
27. Parent can learn how to use community facilities.
28. Working with entire family.
29. Psychological security.
30. Helps parents to know what the children are doing and learning "identify family needs."
31. Teaches in familiar surroundings to work with what is available in the individual homes.
32. Improves educational standards of the family.
33. Reach other children in the home.
34. Family oriented (Especially helpful where the family cannot get to the center based program).
35. Enables staff to spot unattended medical problems.
36. Encourage non-participating parents to get involved.
37. Basic training is given in relation to all component areas for Home Start families.
38. Motivates a mother to give more attention to the child. Mother-child learning relationship good.
39. Good mother-child-teacher relationship.
40. Parents are involved directly in what child learns.
41. Parents are taught basis of program and are able to continue learning activities.
42. This program gives the parents the incentive to learn along with chidren.
43. All of the children and parents medical needs are taken care of.
44. Whole family benefits.
45. Help families utilize social agencies in community—being aware that they get help outside home-based help.
46. Personalizing educational activities with parents.
47. The out reach to families that might not otherwise come into Head Start program.
48. Encourage self-help.
49. Out reach to families who could not otherwise be served.
50. Getting the total family involved.
51. Getting total community agencies involved.
52. Helping the family initiate change.

TARCOG — Kyo Shin

B. Disadvantages

1. Nutritional input in full day center based program is certain; in Home Start it is up to children.
2. Services "thrown" in the duties of one person to the extent of inhibiting any singular "good" service.
3. Parent skills are developed in home and inclination to get job is low.
4. Prohibits day to day association of children with children.
5. Not as much opportunity to provide well balanced meals.
6. Does not seem to reach the working parent.
7. Lack of attention to working families.
8. Lack of facilities at center based programs (ex. training)
9. Lack of physical activity in terms of Head Start developmental goals.
10. Time set up 8 a.m.-5 p.m.—may be excluding fathers on a day to day basis.
11. Possible lack of regularity in training at the home scene (ex. parents not at home)
12. Establishing a program like this in areas lacking essential resources such as educational television media.
13. Lack of educational value to child.
14. Health problems harder to detect.
15. The mile radius.
16. Not able to observe whole child concept.
17. Stretches one worker too thin on all components.
18. Social setting with peers is lacking.
19. Excessive time lost in travel.
20. Limited time with children.
21. Lack of opportunity to practice adjustment skills.
22. If a TV is not provided in the home a child is deprived of the "Around the Bend Program."
23. If a mother must be home with the child for home visitor, how will she help provide for family income in order to move out of the poverty level?
24. Week end services are disadvantageous for staff with families.
25. Staff members are overworked.
26. Lack of sound nutritious meals being received by children.
27. inability to work in home when both parents are employed.
28. Cost per child.
29. Logistics—complicated to implement.
30. The advantage of home visitors becoming really involved in families becomes a disadvantage when this home start visitor leaves the program.
31. Potential for reinforcement of isolation.
32. Days when families will not receive you—timing of visits.
33. Limited number of families and children being served in relation to staff members.

Home Start -- Macon Program For Program For Progress

Shirley Young, Director—Conference Presenter
50 East Main Street
Franklin, North Carolina

PROGRAM OBJECTIVES

A. Local Home Start Goals for Children:

1. To develop a sense of respect for himself and other family members, thus, finding his place in the family and feeling good about "being" himself.
2. To provide medical and dental services as needed and as the budget allows, for all preschool children.
3. To provide social contact with other children within the community and county by means of group activities and visitation in the Head Start Centers.
4. To provide educational experiences which will broaden the child's concepts in areas such as self, family, community, science, art, language development, music, movement exploration, food, etc.
5. To instill within the child a sense of curiosity and a desire to learn about the things around him.
6. To provide available psychological services as needed for all preschool children.
7. To provide opportunities which will allow the child to succeed.

B. Local Home Start Goals for Families:

1. To involve parents directly in the educational development of their children.
2. To help the parents understand child growth and development.
3. To acquaint the family with community resources and the services that each provide.
4. To help families become aware of the health and nutritional needs of each family member and learn how to meet these needs.
5. To provide social contact outside the home through neighborhood gatherings, trips, extension classes, picnics, etc.
6. To strengthen in these families a good self-image offering them supportive assistance to try to engender in them confidence to work and live in the present and hope and plan for the future.

C. Local Home Start Goals for the Community:

1. To involve all community members in the total Home Start program where possible, such as home visits, meetings, extension classes and other group activities.
2. To acquaint the communities with the overall purposes of Home Start.
3. To develop a good relationship with the communities so they may give critical evaluations and exchange of ideas.
4. To use any community resouces available which the Home Start program would benefit from.

BRIEF DESCRIPTION OF PROGRAM FOR CHILDREN—The educational component of the Home Start program is designed to develop an awareness of the world in which the child lives and to notice things around him.

Each home visitor will spend from 1½ to 2 hours with a family one day each week. During the visit she will make suggestions to the parents to enable them to better work with their own children, thus allowing the parent to become the prime educator of their children. This will also be a time for the home visitor to offer a listening ear if parent is in a talkative mood. Home visitors will leave some simple and basic instructions with the parent suggesting that she spend some time each day with the child, using the home and surrounding environment as teaching tools. This is difficult to attain in many of the families since they spend little time interacting with their children.

An educational kit is left in the homes. The kit consists of paper, scissors, crayons, paint, paint brushes, paste and playdough (made by parent and home visitor) pencils, rulers, magazines, newspaper, cardboard, etc., for parents and children to work with. The families will be introduced to educational tools not familiar to them such as; films, and filmstrips, records and record players. Supplies that parents would not otherwise have access to will be brought into the homes by the visitor. For example: fingerpaint, books, games, puzzles, etc. Some of these

Home Start -- Macon Program For Program For Progress

materials and equipment can be left in the home from week to week. The Home Visitor allows the parent to borrow materials to be used.

We plan to have more involvement of the Home Start parents and their children in the Head Start Centers. We want to have each family spend at least one day in the Head Start Center each month.

A great variety of activities are covered within the program such as movement exploration, dramatic play, creative and free art experiences, cooking, manipulative activities and indoor and outdoor play.

PROGRAM COST PER CHILD—$68.00 per month, $16.00 per week, $.12 per hour.

STATEMENT ON PARENT INVOLVEMENT IN THE PROGRAM—The Policy Council has planned parent activities such as; visiting other Head Start programs, other Head Start Centers. Parents involved with Policy Council have attended in-service training sessions dealing with child growth and development, career development meetings, state meetings and conferences, special workshops, sewing and cooking sessions and educational classes.

Training for parents (and staff) begins with the motivation to learn and participate and this could range from a simple to a complex type learning. Parents learn about health from their children who learn at schools. They learn together as they talk about and practice health habits, see filmstrips or movies pertaining to health, talk in parent groups about health problems, etc. First Aid classes are given for those who want to participate. The Home Start nurse has conferences with parents concerning health and reasons for good nutrition.

Parents are learning about child development in general when the visitor works with the family and discusses child development. Incidental learning occurs during activities such as a visit to the center. They participate also in educational classes pertaining to child development and other desired areas. They take part in workshops and go to area and state meetings. At their parent meetings, programs are given on many topics of educational interests.

They also learn about nutrition and areas pertaining to nutrition through center activities with Head Start, parent meetings, workshops, classes, etc.

Parents in Home Start are required to accompany the Home Start child to and from medical trips when traveling with the home visitor and other groups. Parents are encouraged to be independent in making and keeping appointments if at all possible.

STATEMENT ON NUTRITION PROGRAM—Home Start does not prepare food for Home Start children. The snacks, usually prepared in the home, consists of hot chocolate, fruit, puddings, etc. Occasionally snacks are taken to the homes to supplement the daily activity such as a cooking lesson. It is hoped that nutritional snacks can be prepared in the Head Start Centers each week for Home Start children. A set fee would reimburse Head Start's food budget each month.

For the new program year we have planned to have home visitors work occasionally with the Head Start cooks on Friday mornings. Home visitors can pass on any information concerning good nutrition and cooking to the families during the home visit.

Most of the visitors have used the home visits as a times to discuss nutritional education. Charts are used to help parents prepare well balanced meals. Assignments concerning nutrition are given to the mother and child to be completed during the week. Recipes are shared with the mother. When special problems exist, the home visitor makes referrals to homemaker trainers who work with the family in the area of nutrition. Several mothers have attended a cooking class sponsored by homemaker trainers. Home Start's Parent Activity and Educational Coordinator has set up a class in nutrition for Home Start parents and other community folks. The Home Economic Extension Agency attends parent meetings to conduct sessions pertaining to food, buying and preserving food. The film, "Jenny Is A Good Thing" is shown at Parent Meetings, Policy Council and training sessions.

STATEMENT ON MEDICAL/DENTAL PROGRAM

A. Medical

1. What medical services will be provided for the children?

   a. Each preschool child will receive a physical examination and necessary follow-up will be provided as recommended by the physician.

   b. The health department staff will give immunizations, tine tests, hemoglobin test, urinalysis, and other services to Home Start children.

Home Start -- Macon Program For Program For Progress

c. The Lion's Club owns a screening mobile unit which will check each child's eyes and make referrals.

d. The public school speech and hearing mobile unit will check children's hearing for defects and make referrals.

e. Emergencies which arise such as colds, ear infections, sore throats, etc., are taken care of through funds set aside for these purposes.

f. The Development Evaluation Clinic will evaluate Home Start children.

g. The Speech and Hearing Clinic at Western Carolina University will evaluate and provide speech therapy for Home Start children.

h. $40.00 per child.

B. Dental

1. What dental services will be provided for the children?

a. Each Home Start preschool child will receive a dental examination, that includes X-rays, periodic cleaning and fluoride. Follow-up treatment will be provided as necessary. Each child is given dental floss, disclosing tablets, and a toothbrush.

b. Cost per child, $60.00.

STATEMENT ON PSYCHOLOGICAL SERVICES PROVIDED—The resources available for our Home Start families are very limited. Dr. Amelia Kahn serves on the Mental Health Staff at Western Carolina University. She is the only local psychiatrist. She lives in Franklin and will accept referrals made by the Home Staff. She will talk to staff or parents concerning the family's problems. She has scheduled appointments at the Macon County Health Department.

STAFFING PATTERN—Director, Parent Activity and Education Coordinator, Licensed Practical Nurse, seven Home Visitors, part-time Secretary and Bookkeeper.

STATEMENT ON STAFF TRAINING—(How it is done and and if any special training is needed).

Staff training consists of (a) Orientation for new staff including review of forms, Personnel Policies and Procedures, Home Start goals, introduction to Rainbow Series and other resources and library materials, type of equipment and supplies and procedure for obtaining general supplies, and also educational materials used in homes with parents and children. (b) In-service training which is conducted on Fridays in the form of staff meetings and discussions, sharing ideas, workshops, educational classes, planning, etc. (c) Participation in cluster, state, and regional conferences and training. (d) Working closely with Asheville Child Development Training Program for expertise and leadership. (e) Visiting other Home Start programs. (f) Visiting the Head Start Centers in the area. (g) Giving our own staff a chance to teach or share their learning with new trainees when we conduct our own three week training sessions in "Introduction to Methods and Materials of Early Childhood Education." (see sample of 3-week Head Start—Home Start plan). (h) Career Development Classes leading to an AA degree with Southwestern Technical Institute.

LIST SPECIAL EQUIPMENT OR MATERIALS NEEDED TO IMPLEMTENT PROGRAM

Four-wheel drive vehicles

STATEMENT ON HOW PROGRAM IS EVALUATED AND BY WHOM—The Home Start staff is constantly evaluating the program. The staff is alert to changes which can be implemented to improve the overall program. This self-evaluation is done in the same manner that the program decisions and policies are made. The program does not have an evaluation committee. Staff meetings are held each Friday. At this time staff members are given opportunity to express opinions and grievances from personal viewpoints. Suggestions which involve program change are presented to the Policy Council. Also by ABT Associates.

STATEMENT ON PROGRAM USE OF COMMUNITY RESOURCES AND HOW THE PROGRAM HELPS PARENTS USE RESOURCES—The plan for delivery of social services and what services will be provided. As soon as a need is recognized by staff or other interested persons, referrals will be made to the proper agency so the family can receive the service as soon as possible. Services available are:

1. Family Planning
2. Donated Foods
3. Referrals for Alcoholism
4. Referrals to Mental Health Clinic
5. Referrals to Farmers Home Administration
6. Referrals to other MPP projects
7. Employment Referrals
8. Family Counciling Referrals
9. Sheltered Workshop Referrals

1.. Shirley Young

A. Advantages

1. Able to reach more pre-school children.
2. Allow more involvement of parents.
3. Total family sibling population served.
4. Continuous process.
5. Provide greater nature studies.
6. Educate both parent and child.
7. Involve parent in health program and make them more aware of their needs.
8. Improve standards of living, such as housing, etc., family income supplement or through arts and crafts.
9. Very good for isolated areas where transportation would be difficult.
10. Involves parents more, therefore having more lasting effects.
11. Has greater impact on entire family.
12. Cheaper in terms of cost per child.
13. Able to detect greater needs of the family because of proximity.
14. Ability to reach infants.
15. Takes advantage of all phases of social services.
16. Eliminate transportation to the center problem.
17. Covers needs of more ages of children—whole family.
18. Can involve more parents, especially males.
19. Home visitor can recognize special abilities and needs; first-hand-referrals to proper agencies can be made.
20. Improves self-image of all family members.
21. Closer relationship can be developed between staff and parents.
22. After parents teach children with educational materials and ideas, this may motivate them to seek improvement for themselves.
23. The children at home would be getting an education like the children in Head Start Center.
24. Parents are involved in the learning experiences of their children.
25. Parents are being trained.
26. The family conditions are being improved.
27. The home visitors are in the homes weekly.
28. Training parents in child development.
29. Reaching isolated families.
30. Leads to more interaction and stimulation in family members.
31. Weekly visits assure spotting family needs more accurately because of close relations and home visitor.
32. Parent involvement is more specific and relevant to lives of families.
33. Prepares parents to assume responsibility for their children's medical care after no longer in Home Start.
34. Enhances mother's image in the children's eyes.
35. Working with the parent so more improvement could be built in for the entire family.
36. Can reach more isolated families.
37. Continuous contact with the family by home visitor.
38. Benefits for younger and older children in the family.
39. Materials (kit) left in the home.
40. Child gets more individual attention.
41. Reaches children whose parents can't or won't let children go to Head Start or a center-type program.
42. Seems a child's progress could be measured more specifically.
43. By leaving kits and focus on the parent, the multiplying effect to other family members is increased.
44. Parents as well as children are being made aware of various community resources.

45. Expensive equipment is not necessary for learning.
46. Might increase parent's organizational abilities.
47. Program offers medical, dental and educational benefits that would not otherwise be experienced.
48. Communication with peers enables child and parent to share experiences.
49. Meeting needs of children which are not met by other agency.
50. More opportunities for family participation.
51. Guarantee parent involvement and home visitation.
52. Long range inservice training.
53. Selection of persons in the area.
54. Keeps families together.
55. Reduce problems faced when busing into a center.
56. Parents were encouraged to attend workshops, etc.
57. Work with parents instead of child directly.
58. It gave the recipients an opportunity to venture outside of their immediate homes.
59. Health care offered.
60. Makes parents more aware of themselves as educational agents.
61. Making it a requirement that parents accompany children on field trips, medical and dental appointments, etc.
62. Teachers and parents to use household materials for play items.
63. Can give parents more first hand information on such things as improved housing.
64. The parent and staff decide together what is important in the child's developmental growth.

1. Shirley Young

B. Disadvantages

1. Incomplete nutritional services.
2. Time factor involved in transportation.
3. Inadequate funding.
4. Inadequate staff.
5. Limited social service within the counties.
6. Failure of participation of a local dentist.
7. Why a L. P. N. instead of a R. N.
8. Not enough group experience.
9. Not enough opportunity to provide nutritious meals and snacks.
10. Places a great deal of responsibility on one person, namely the home visitor.
11. Has less stimulating learning experience than in a center.
12. Distance of family dwellings.
13. Reluctance of some families to receive visitors.
14. Need to purchase vehicles—takes money.
15. Does not have socialization for children.
16. Lack of outside language stimulation.
17. Less chances of children to make choices —not as much material for them to work with.
18. Father probably not available for as much training.
19. No provisions for the Home Start service for working parents.
20. If parents cannot accompany child to medical or dental, what provision is made? Is child denied participation?
21. Small number served.
22. Limited amount of time per week for home visitation.
23. Lack of father involvement in home, socials and on Policy Council.
24. Home visitor needs to spend more time in home.
25. Rotation period too short for toys.
26. Lost time in between home visits.
27. Lack of peer association.
28. Not having time away from own children.
29. Lack of being able to set meeting priorities.
30. Limited opportunity to interact with peers and adults.
31. Home visitors' trips too far apart.
32. Parents do not have access to certain equipment.
33. No follow-ups.

THE HOME START PROGRAM
OFFICE OF CHILD DEVELOPMENT
PROJECT HEAD START

Florence Sequin, Home Start Associate—
Conference Presenter

Dr. Ann O'Keefe, Director

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Washington, D. C. 20013

PROGRAM OBJECTIVES—Nationally, the Home Start program has four major objectives: (1) to involve parents directy in the educational development of their own children; (2) to help strengthen in parents their capacity for facilitating the general development of their own children; (3) to demonstrate and evaluate methods of delivering comprehensive child development services to children and parents (or to substitute parents) for whom a center-based program is not feasible; and (4) to determine the relative costs and benefits of center and home-based, comprehensive early childhood development programs, especially in areas where both types of programs are feasible.

Home Start is a Head Start demonstration. Therefore Home Start programs are adjuncts of existing Head Start programs or Community Action Agencies and serve additional children in the same age range (3-5) and economic categories as children currently served in established Head Start Programs.

BRIEF DESCRIPTION OF PROGRAM FOR CHILDREN—Whatever the educational program or philosophy of a Home Start, it should have a plan for developing individualized or personalized educational programs for its children. (Language, social, emotional, physical).

PROGRAM COST PER CHILD—Each demonstration program received $100,000 and served at least 80 families.

STATEMENT ON PARENT INVOLVEMENT IN THE PROGRAM—One of the major focuses of the Home Start concept is the idea that the parent is the first and most influential educator and "enabler" of his or her own children. While Head Start aims at involving parents as one means of helping the child, Home Start aims at involving parents as the major means of helping the children. Families, of course, volunteer for participation in Home Start. A variety of approaches help implement the total Home Start program, including home visitors, television, and group meetings.

STATEMENT ON NUTRITION PROGRAM—The Nutritional Component is aimed at helping parents make the best use of existing food resources through food planning, buying and cooking. If food is not available every effort is made to provide it or to put family in touch with community organizations that can help on a regular basis.

STATEMENT ON MEDICAL/DENTAL PROGRAM—Home Start children will receive services as Head Start children, but staff efforts will be directed more to securing service through referral and follow up. When no other source is available, Home Start will provide children with paid services.

Home Start will provide linkages with existing health services for the entire family unit on an as needed basis, but cannot provide payment for such service.

STATEMENT ON PSYCHOLOGICAL SERVICES PROVIDED—Home Start will provide needed services through existing community resources or within sponsoring Head Start agency.

STAFFING PATTERN—Home Visitors: All programs will rely principally on home visitors for working with parents. Home visitors are generally paraprofessional women who live near the families they serve. Most are mothers themselves, and are familiar with the community and its resources. Each home visitor visits approximately 8-15 families on a weekly basis, bringing materials and ideas into the homes.

STATEMENT ON STAFF TRAINING—(How it is done and if any special training is needed.)

Although each program has a local staff training plan, representatives from all programs attended a Home Start Conference in April 1972 (in St. Louis) to receive assistance from one another and from consultants in planning and operating their program

Office Of Child Development--Project Head Start

in training their staff. Each program will also receive assistance and support from OCD Headquarters and Regional offices throughout the demonstration period.

STATEMENT ON HOW PROGRAM IS EVALUATED AND BY WHOM—The OCD Project Officer for Evaluation is Dr. Esther Kresh. The evaluation contractors are High/Scope (Ypsilanti, Michigan), ABT Associates (Cambridge, Mass.), and Development Associates (Washington, D. C.). The evaluation will be both formative and summative, to provide information on the process of developing and carrying out each of the Home Start programs and the overall effectiveness of the program.

STATEMENT ON PROGRAM USE OF COMMUNITY RESOURCES AND HOW THE PROGRAM HELPS PARENTS USE RESOURCES—Comprehensive Services: Home Start programs identify and use existing community resources and services, as needed, to provide educational, nutritional, health, social, and psychological services for children and their families. The program helps parents enhance the total development (including cognitive, language, social, emotional, and physical) of all their children. Programs are as flexible as possible and consider the needs of each locale served by taking into account local ethnic, cultural, and language characteristics.

ADDITIONAL COMMENTS—Further information can be obtained from The Home Start Program: Guidelines, December, 1971.

Home Base Working Conference

1. Home Start—Florence Sequin

A. Advantages

1. Helps strengthen the parent as a teacher in the home.
2. Helps parents become more aware of community resources.
3. Integrates child's learning into everyday family activities.
4. Helps stimulate community action by parents.
5. Program may eliminate problem of transporting children.
6. Enables involvement of entire family.
7. Models are already in existence as examples.
8. Emphasis is on parental education.
9. Parent determines goal for the child.
10. Utilizes eveyday experiences in the home.
11. Visitors are made more aware of how to deal with people.
12. Total home situation is improved.
13. Enhances parent-child relationship.
14. More possibility of reaching hard-to-reach parents.
15. Exhausts potential and resources within the child's family.
16. Psychological beneficial to the entire family.
17. Reaches all of the children in the family.
18. Limits number of persons offering help to the family.
19. More lastingly effective than short program.
20. Getting parents involved and aware of their needs.
21. Identify problems readily thru weekly visits.
22. Educate or make families aware of local resources and a method of delivery.
23. Entire family benefits from Home Start.
24. Continuous process—12 months.
25. Great for geographically isolated families.
26. Helps families discover natural abilities and shortcomings.
27. More economical to operate.
28. More comprehensive and integrated services.
29. Total involvement of entire family carry the benefits far beyond the target child.
30. The powerlessness of the family is reduced.

Florence Sequin—Continued

31. Improvement of parents self-concept is fantastic.
32. Overall education that helps break down negative stereotype, etc.
33. Carry-over to younger sibling in family.
34. Involvement and education of parents.
35. Reach people that wouldn't otherwise be reached.
36. Referrals (starts chain).
37. Parents have someone to "rap" with.
38. Parents have someone to communicate with in dealing with the bureaucracy.
39. Fewer transportation problems.
40. More individual attention.
41. The opportunity to see the total family environment.
42. The cultural environment is in the child's favor instead of the reverse.
43. The family gets first hand assurance of comments from Social Service Agencies.
44. The program, after three years, will leave the family in a position to work with the child.
45. Parents and home visitors are able to work with areas of concern on a more immediate basis.
46. The coordination between the teachers, parents and the home visitors make for a well coordinated, beneficial program.
47. Closer relationship and involvement with parents.
48. Wide use of community resources.
49. Knowledge of environment will help when working with family.
50. Parents are introduced to educational activities with the child.
51. Parents have greater opportunities to learn skills that would be of interest to them.
52. Parents are able to relate to their children and total community better.
53. Continuity.
54. Residual effects.
55. More flexibility.
56. Another way to attempt to meet needs.
57. Reach more people directly-total family.
58. Mutiplying effect.
59. Working adult: Adult: Child.
60. Assured of parents involvement.
61. Toward the development of the total family.
62. In emergency situations you can work with other members of the family.
63. Parents are made more knowledgable.
64. Enrich lives of all family members.
65. Gave mother insight and purpose outside of ordinary child rearing.
66. Health services and education in terms of prevention.
67. Developing an inter-relation between parent and child which will carry over for years to come.
68. More direct parent involvement.
69. Lower food bill.
70. Individual attention.
71. Building on existing strengths and resources in surrounding.
72. No center management required on a large basis (Day Care license, janitor, etc.)
73. Improves education standards and child performance.
74. Improve health standards.
75. Security of parent in own home.
76. Gives infants a Head Start.
77. Gives parents alternative methods.
78. Nationally shows a need for individual family education in all component areas.
79. Creating motivation and creating responsibility to the community.
80. Lasting motivation.
81. Home Based can assist families with immediate help as far as food is concerned.
82. Broaden the communication between parents and children.
83. Three years grant instead of one year.

1. Home Start—Florence Sequin

B. Disadvantages

1. May limit a child's interaction with other children in the community.
2. May not provide for transition between learning in the home and school program.
3. Possible danger of imposing values on the family not acceptable to the family.
4. Children do not receive balanced meals until parents are educated in nutrition.
5. Lack of opportunity for children to interact with other children outside of the home in a group setting.
6. Overlapping of community services may occur.
7. Possible misinterpretation through relaying from a focal point to the real parent in the home.
8. There are advantages in group experience.
9. Substitute or focal parent could undermine the parent-child relationship.
10. Responsibility for success of program rests almost totally on home visit.
11. Inability to provide nutritious meals daily.
12. What instrument a Director of a program would use to determine the effectiveness or efficiency of a home visitor???
13. Can't put other children in family in both Home Start and Head Start.
14. Program may depend too much on skills of home visitor, large burden to place on home visitor.
15. The needs of working parents might not be served.
16. Danger of creating emotional dependency.
17. Doesn't cover enough people.
18. Not enough social interaction with peers (as found in Head Start)
19. Lack of organized nutritional program.
20. Dependency of families upon visitors.
21. Lack of providing one good, nutritional meal a day as found in Head Start.
22. Can not use volunteers as done in Head Start.
23. It requires much of the home visitor.
24. Teachers are not being used as much as should be.
25. Limited amount of time per family may be a disadvantage.
26. No way of really keeping up with how the nutritional needs are being met.
27. Travel expenses.
28. Variation from program to program in number of community resources available.
29. Less group interaction with children.
30. Time loss in travel.
31. Kidnap all the home visitors and you could sure kill a program.
32. The strength of the visitor could weaken program.
33. Might be too rigid—home visitor.
34. Disadvantages in selecting poorly prepared visitors.
35. Interaction with peers (children and adults).
36. 2/3 of food is not furnished.
37. Difficult to find space (at times) for group activities.
38. Nutrition not a balanced diet.
39. Parent does not have advantage of associations in the center with other parents.
40. Fewer homes reached — than getting groups into center.
41. Doesn't cover as completely in all areas (Health, Nutrition).
42. Causes a visitor to have to know all component areas.
43. Parents will reject in some cases, where in a center program at least the child is served.
44. Difficult to determine the advantages of this type of program.
45. Reduces opportunities to receive well-balanced meals.
46. Children participation but not parent participation.
47. What happens when you need to be at two places at the same time.

VERBAL INTERACTION PROJECT

Mother-Child Home Project

Phyllis Levenstein, Director

Arlene Kochman, Assistant Director - Conference Presenter

Penny Kirschenfeld, Program Supervisor - Conference Presenter

5 Broadway

Freeport, New York 11520

PROGRAM OBJECTIVE—To promote the cognitive and an effective growth of preschoolers and better prepare them for their school experience, with the emphasis on the family as the basic teaching and enhancing unit.

BRIEF DESCRIPTION OF PROGRAM FOR CHILDREN—Two years beginning at two years of age. Intervener visits homes two times a week and brings toys and books which remain in the home, and models a cognitive and affective curriculum. Mother or mother substitutes participates on the home sessions.

PROGRAM COST PER CHILD — Approximately $1453.00 per child, (includes toys, books, coordinator, overhead)

STATEMENT ON PARENT INVOLVEMENT IN THE PROGRAM—Parents are invited into the program and are present and active during home sessions. They are expected and encouraged to read, talk, play, and communicate verbally all week. The experience has been positive.

STATEMENT ON PSYCHOLOGICAL SERVICES PROVIDED—Pre and post testing with mother present and follow-up tests not only determine growth of child but pick up any problems early and referrals are made.

STAFFING PATTERNS—One professional (family oriented) can operate the program for 80 children. The home interveners are volunteers and/or paid community aides. (Often former mothers participate).

QUALIFICATIONS NEEDED BY PROGRAM STAFF—Pofessional staff must be family oriented (Social Workers, Teachers, Nurses). Interveners must be carefully interviewed, trained and supervised.

STATEMENT ON STAFF TRAINING (How it is done and if any special training is needed.)—Interveners go through eight sessions initial to training and weekly supervising groups and individual conferences. On the job training.

LIST SPECIAL EQUIPMENT OR MATERIALS NEEDED TO IMPLEMENT PROGRAM—Carefully chosen toys and books given in sequential order. Mother Child Home Program forms for progress and supervisor forms.

STATEMENT ON HOW PROGRAM IS EVALUATED AND BY WHOM—Pre-test, post-test, and follow up tests of experimental and control children continue after Mother-Child Home Program ends. Office of Education has evaluated the total program and designated it a model program.

STATEMENT ON PROGRAM USE OF COMMUNITY RESOURCES AND HOW THE PROGRAM HELPS PARENTS USE RESOURCES—Referrals to outside agencies and help given professional staff to help parents utilize agencies such as Family Counseling, clinics for speech, mental and health.

PROGRAM ADVANTAGES—Unexpected early intervention on the home ground of the child with the emphasis on team work between the intervener and mother.

PROGRAM DISADVANTAGES — Cannot reach as many families as we wish. Good supervision is not always possible (time consuming). Do we reach the most hard core families?

ADDITIONAL COMMENTS — Model—not teach. Learning through fun.

1. Mother Child Home Program—
Kochman/Kirschenfeld

A. Advantages

1. Allows individual attention for child.
2. Parent-Child interaction.
3. Improves parents self-concept.
4. Early start to help parent help child (early beginning).
5. Child and parents have materials available.
6. No transportation problem.
7. Working with the child at such an early age.
8. Improved communication between parents and child.
9. The education of the parent.
10. The specified tools being used would simplify the training of the toy demonstrator.
11. Concentration on cognitive development.
12. More emphasis on the parent as the teacher.
13. Flexibility of working time.
14. Good use of volunteers.
15. Program is inexpensive.
16. The mother has more "say so" in determining educational goals of the child.
17. Can involve all children in the home.
18. Helps build a positive self image.
19. Child being in familiar surrounding creates an atmosphere conducive to easy learning.
20. Puts fun in learning.
21. More opportunity to correlate learning experiences with everyday living.
22. Two-year olds seem to learn better at home rather than in a group setting.
23. Broadens toy demonstrator perceptions of herself and other people (Acceptable of differences.)
24. Providing toys for families where money would be used for seemingly more important items.
25. Individual child supervision and instruction.
26. Utilizing mother's time more effectively.
27. Enabling mother to recognize childs strengths and weaknessess, mental, physical and otherwise.
28. Closer relationship can be formed between parent and toy demonstrator.
29. Program offers something (materials) for pre-school childen and their parents.
30. Teaches mother to be a teacher (when one teaches a mother, one teaches future generations).
31 Materials are given to the family to leave permanently.
32. Collecting data before and after program-follow-up through first 4 years of school.
33. Length of sessions.
34. Emphasis on training mother so that she can follow through based on sequential development learning.
35. Comfort, atmosphere.
36. Training uses video tapes.
37. Long-range-aids in adjustment to school, meeting people, speaking awareness.
38. Mother to be knowledgeable about certain toys and books and how she can aid her child.
39. Broaden associative experiences.
40. Child is not totally dependent upon the toy demonstrator.
41. Complimentary task completion instead of personal accomplishment.
42. Less time involved for parent in Home Based program than program where child must be taken somewhere.
43. Exposes parent and child to educational materials and toys which they might not be aware of otherwise.
44. Demonstrates enjoyment that parent and child can experience in a playing/learning situation.
45. Encourage communications between family members.
46. Gives a Head Start for pre-schoolers.
47. The parent is totally involved in program.
48. They consciously attempt to get the parent to assume the role of the toy demonstrator.
49. The family gets 23 pieces of materials free.
50. Children learn.
51. Parent becomes an important facilitator in child's learning.
52. Child gets comfort of classroom activities.
53. Parents gain more confidence working with their children.
54. The parent can better understand the child's needs.
55. Being a two year program.
56. Gives attention earlier than most pre-school programs.
57. Low ratio of child to worker.
58. The program is economical.

1. Mother Child Home Program—
Kochman/Kirschenfeld

B. Disadvantages

1. No contact with peer groups outside the home.
2. Unless social services offered and health services offered either through this program or another, the toy demonstraton may not be effective.
3. Toys brought into the home for two year olds may cause conflict among other children in the family and cause a problem for the mother.
4. The parent and child could very easily become dependent on toy demonstrator.
5. Due to the 1:1 relationship the program is restricted to a small portion of the population that it can serve.
6. Not comprehensive.
7. No contact with peer group, less opportunity for child's socialization.
8. Tendency of toy demonstrator to usurp the role of the mother.
9. Too child focused and not on total family involvement.
10. Inadequate funding to meet child's total needs—geared to child's verbal skills and cognition.
11. Experimenting on children.
12. Toy demonstrator can be domineering if not properly trained.
13. Changing toy demonstrators from year to year if she is doing satisfactory work with a family.
14. Lack of supportive services.
15. Dependence on material only brought from outside.
16. Focus is too narrow.
17. Possible weakness in training of toy demonstration.
18. Problem of mother implementing the program with use of toys and books.
19. Failure to implement cognitive opportunities to broader lifestyle. (For example . . . What mother can do with child outside).
20. Failure to approach total child. ie., feelings attitude, etc.
21. Not enough time spent in the home.
22. No art creativity materials.
23. No social contact for mother-child except toy demonstrator.
24. Limited learning experiences.
25. No group experiences.
26. No rural program.
27. No health services mentioned.
28. Lack of professional services.
29. The structured program.
30. Giving the child too much to attend to at once.
31. The lack of flexibility.
32. If child becomes dependent on receiving the toys and they are taken away.
33. If the parent is unable to transfer the learning skills taught by the tools to other equipment in the home.
34. Not having more manipulative and art type material.
35. Not enough emphasis on social services.
36. No children in the upper income level.
37. Competition can develop between toy demonstrator and mother.
38. Not ample time to actively involve the mother.
39. Not using crayons, etc., which could be a method of teaching child discipline e. j. not putting crayons in mouth, not writing on walls, etc.
40. Hard-back books **do** cost more!
41. Lack of Social Services, psychological health, nutrition, parent involvement, etc.
42. Structured curriculum.
43. Lack of positive reinforcement.
44. The presence of distracting objects, elements, etc.
45. Focusing on one main point.
46. Glorification of goals in the program to make acceptable to presentors and listeners.
47. Patronization of parent and child.
48. Too much responsibility in one person's hands.
49. Need more information about training.
50. Perhaps trying to squeeze too many concepts into one session.
51. Films showed what appeared to be inflexibility in following plans—not taking advantage of distractions like kittens.
52. Too structured (films) should be more creative and flexible meeting children's needs.
53. Demonstrates need to be aware of the cues given by child as to where interest lie.
54. Chronological age and mental age didn't seem to be considered.
55. Entire family does not get involved.
56. Tensed atmosphere.

NEW APPROACH METHOD

Gregory Simms, Executive Director—
Conference Presenter
194 Brunswick Avenue
Trenton, New Jersey 08607

PROGRAM OBJECTIVES—To strengthen family structure by enabling the parents to teach specific skills in the area of reading and writing.

BRIEF DESCRIPTION OF PROGRAM FOR CHILDREN—The New Approach Method (NAM) comprises 84 lessons beginning with pre-reading skills such as color, shape, numbers and spatial relationships. These lessons progress on to letters and phonics in the last 50 lessons. The parents record printed lessons on tapes which their own children listen to and follow directions.

PROGRAM COST PER CHILD—$1,000 is allocated for each child.

STATEMENT ON PARENT INVOLVEMENT IN THE PROGRAM—Everyone in the NAM Program is a parent who is teamed with his own children to use the tapes to teach the children to read and write.

STATEMENT ON NUTRITION PROGRAM—The NAM Program has three models; however, two are center based which receive morning and afternoon snacks and a hot lunch. They are part of the school hot lunch program and food is delivered to the centers for each child.

STATEMENT ON MEDICAL/DENTAL PROGRAM—The community has a Family Neighborhood Health Center funded by OEO which gives medical examinations to the children. This examination includes ear, eye, sickle cell, lead poison, tuberculosis, etc. Follow up is made on medical examinations.

STAFFING PATTERN—The NAM Program has one Director, three Learning Helpers, six Learning Partners, and one Bookkeeper/Office Manager.

QUALIFICATIONS NEEDED BY PROGRAM STAFF—The criteria for staff qualifying for program are:

1. Must be able to read and write.
2. Must live in the community.
3. Must not have a college degree or teaching certificate.
4. Preferably, a person who has been a learning partner with their own child in the home.

STATEMENT ON STAFF TRAINING—(How it is done and if any special training is needed,)

1. Pre-service training is 3 days orientation for the staff.
2. In-service is one half day every two months.
3. The largest part of the staff training takes place in staff meeting and individual conferences with director.

LIST SPECIAL EQUIPMENT OR MATERIALS NEEDED TO IMPLEMENT RROGRAM

1. Tape recorder (each parent purchases own)
2. Cassette tapes.
3. 84 lessons.
4. Supplementary activities.

STATEMENT ON HOW PROGRAM IS EVALUATED AND BY WHOM—The program is evaluated by the Educational Testing Services in Princeton, New Jersey and the Institution for Educational Development.

1. Greg Simms—New Approach Method

A. Advantages

1. Child learns to read with parents cooperation.
2. Surpassed behavioral expectations for age level.
3. Parent involvement and becoming more aware of learning process.
4. Growth of self-concept and self-image.
5. Parent as a teacher.
6. Child learns to read at early age.
7. Parent and the child are using the same language.
8. Parent can engage in other activities while child is working.
9. Both parents can become involved in the program.
10. There is no home visitor.
11. Can be used in parents absence.
12. An individual child can use it.
13. Teaches children to read at their own pace.
14. Individualized.
15. Independent study.
16. Can be implemented by another child.
17. Needs no professional instruction.
18. Improves all communication skills.
19. Economical.
20. Adaptable.
21. Imaginative.
22. It works.
23. It promotes good relationships within a family group.
24. It makes reading and writing fun.
25. Low cost.
26. Tremendous opportunities for parent-child interaction.
27. Use of tape eliminates the tendency of parents to give negative reinforcement.
28. Makes child independent.
29. Teaches child to follow directions.
30. Provides leisure time for parents.
31. Makes learning more enjoyable.
32. In classroom, approach would be very good for individualized instruction.
33. Entire family working together.
34. Development of reading abilities at early age.
35. Changing a "toy" into a learning instument.
36. Enhances parent image with minimum of outside intervention.
37. Parent voice interaction with child.
38. Listening improvement.
39. Having two daily sessions (making convenient for working parents).
40. Older children and parents learn from doing the tapes for the lessons.

B. Disadvantages

1. Possibility of parent not being able to read and therefore not to be involved.
2. Does not involve all components of Home Start.
3. Very structured and does not use the creativity of child or parent.
4. Complication of working the tape recorder at age 3—in case of malfunction.
5. Child should be tested for sight and hearing before using program.
6. Cost of tape player (if purchased by family).
7. Who does the evaluation of daily assignment—how?
8. How do they go about recruiting the children for the format.
9. What happens to materials (tape recorder).
10. Cost of tape recorders.
11. There may be over stress on cognitive skills.
12. Parents may take advantage of child's independence, child may be left on his own too long.
13. Consideration has to be given to child's safety.
14. Not much opportunity for language development.
15. Limits the amount of person-to-person interaction.
16. Not being able to continue because of lack of funding.
17. Pressure from parents.
18. Lack of social preparedness.
19. Doesn't cover any of health, social services, psychological, etc.
20. What happens to child when he enters first grade?
21. Strictly educational (from Head Start's views).
22. Limitations in using the tape recorder exclusively (ex. always assume the child will give a correct response.)
23. Lack personal presence of parent/teacher.

Institute Of Development Of Human Resources

PARENT EDUCATION PROJECT

INSTRUCTIONAL STRATEGIES IN INFANT STIMULATION

Dr. Ira Gordon, Director
Judy McMurray, Graduate Assistant—
Conference Presenter
University of Florida
Gainesville, Florida

PROGRAM OBJECTIVES—To have a program that when implemented will:

1. Increase the parent's participation in the education of their children, both through working with them at home and through participation in the Policy Council.
2. Increase the parent's effectiveness in working with their own children.
3. Increase or maintain at a high level the parent's feelings on self-esteem and feelings of control over their lives and the lives of their children.
4. Increase the level of thinking performance in children.
5. Increase or maintain at a high level the self-esteem of children.
6. Form a partnership between the agency and the community so that each may profit from the resources of the other.

BRIEF DESCRIPTION OF PROGRAM FOR CHILDREN—Once a week home visits with appropriate learning activity for child. Emphasis on parents as teachers of their children. Use para-professionals as parent educators.

STATEMENT ON PARENT INVOLVEMENT IN THE PROGRAM—We try to get parent's suggestions for activities for their children. We see the parents as decision makes, what they want we try to give them, however, we try to educate parents so that they become better teachers of their children.

STATEMENT ON NUTRITION PROGRAM—Not a service program, but we make referrals to appropriate agencies.

STATEMENT ON MEDICAL/DENTAL PROGRAM—(Instruction Strategies in Infant Stimulation). There were physical examinations for children initially and at the end. Any areas needing treatment we provided, such as anemia, surgery, etc. Parent Education Project does not have a medical and dental service.

STATEMENT ON PSYCHOLOGICAL SERVICES PROVIDED—Some psychological testing; psychiatric nurse visited homes as needed.

STAFFING PATTERN—Parent Education Project: Professors or Graduate Students served as supervisors of projects. Home visitors were para-professional. Instruction Strategies in Infant Stimulation: Used para-professionals and professionals as home visitors.

QUALIFICATIONS NEEDED BY PROGRAM STAFF—Professionals—Early Childhood Education and Development. Para-professionals—use of a vehicle, read and write, (high school education), willingness and ability to work with parents.

STATEMENT ON STAFF TRAINING—(How it is done and if any special training is needed.) Pre-service: thorough knowledge of activities to be presented in the home (6 weeks). Techniques, role play (home visitor) specifically working with different kinds of personalities, also instruction in filling out forms. In-service: One day per week, focusing on group problems of working in the home, child development, etc.

LIST SPECIAL EQUIPMENT OR MATERIALS NEEDED TO IMPLEMENT PROGRAM—Video equipment, (video tapes of person working with the family). Series of learning activities. Parent Educator Weekly Report (Used to evaluate quality of home visits, helpful on supervising parent educator).

Institute Of Development Of Human Resources

STATEMENT ON HOW PROGRAM IS EVALUATED AND BY WHOM—Staff of the project did the evaduation. Evaluation instruments used:

1. Parent Educators Weekly Report.
2. "How I See Myself Scale"
3. "Bailey"
4. "Stanford Binet"
5. "Scott"
6. "Weld"

STATEMENT ON PROGRAM USE OF COMMUNITY RESOURCES AND HOW THE PROGRAM HELPS PARENTS USE RESOURCES—Only in Instruction Strategies in Infant Stimulation did we provide a service (medical). Strictly directing parents to use of community resources.

PROGRAM ADVANTAGES—(as listed by consultant)

1. Gets parents involved in interaction with children.
2. Use of para-professionals as home visitors (low cost).
3. "Activities" use materials found around the home.
4. Takes educational program into the home setting.

PROGRAM DISADVANTAGES—(as listed by consultant).

1. We do not provide any other services.
2. Cost of travel and time in going to individual homes (but it's worth it).

1. Parent Education Project—Judy McMurray

A. Advantages

1. Consistency from beginning point to end by parent educator and parent.
2. The positive approach is used.
3. Start early with development of both fine and motor coordination.
4. Social interaction and using different homes for centers.
5. Use of readily available materials.
6. Broad acquaintances with environment.
7. Help parents find defects.
8. Using natural resources.
9. Center interaction with the home.
10. Reaches isolated family.
11. Building strong family structure.
12. Development of parents and para-professionals.
13. Helps parents to see that they are most important educator of their child.
14. Starting at three months of age.
15. Uses materials in and around the home.
16. Involves parents in education of child and decision making.
17. Two physical examinations.
18. Center is located in a home.
19. Help in career development of staff by encouraging and assisting further education and training.
20. Intervention in education of child at a very early age.
21. Parents self image enhanced as he is involved in the learning activities of child.
22. Focus on the parent as the learning agent.
23. Children have physical examinations at an early age thus allowing to discovery of problems and correct them in their early years.
24. They give parents ideas of using things around the house rather than buying commercial toys.
25. Works successfully in both rural and urban areas.
26. Language development can be stressed.
27. Less moves for families from house to house.

28. Intellectual stimulation is stressed.
29. Many parents and parent educators went back to school.
30. Parents have their own Advisory Council.
31. Tends to break poverty cycle.
32. Greater interaction between parents and parent educators.
33. Greater motor growth as related to intellectual growth.
34. Parents get greater understanding of child development growth.
35. Well baby clinic approach and follow through on abnormalities.
36. Finding and solving problems.
37. Early parent-child interaction.
38. Increase parent effectiveness in working with child.
39. Parents feel self-esteem and control over lives of child.
40. Motivates parents to advance education.
41. Parents advance living standards.
42. Stimulates the child.
43. Encourage word power and verbal stimulation.
44. The children do not lose what they've learned after the program stops.
45. No transportation problems.

Judy McMurray—Parent Education Project

B. Disadvantages:

1. Jealousy of other siblings and father.
2. Decreases child's socialization with others.
3. Decreases child's and mother's individualization/separation: become so dependent upon each other.
4. Child becomes dissatisfied alone.
5. Parent educator focuses on child and leaves parent out.
6. Lack of professional services.
7. Only 1 child in family worked with by home visitor.
8. Limited in comprehensive services usually identified in Head Start programs.
9. Does not seem to have a way of involving the fathers.
10. Confusion may occur to child in association of mother and teacher educator.
11. Parent educator may become too involved with child.
12. Over stimulation.
13. Over attachment to parent educator.
14. Dependency on the program.
15. The parents being left out of the back yard center.
16. It's research only.
17. Restricted to providing just what they say can or will do.
18. Not seeing more use of males in programs.
19. No group parent participation indicated.
20. Lack of development with the father.
21. Are they getting children hyper-ready for a school system that is not ready for this kind of child?
22. The potential danger of creating a gap in a husband wife relationship when work is done only with the mother.
23. Potential danger of growing dependency on parent educator.
24. Mother might not be able to leave child to his own initiative at times.

LINC LEADERSHIP DEVELOPMENT PROGRAM

Evaluation Tool Summary

Held March 12 - 15, 1973

Greensboro, N. C.

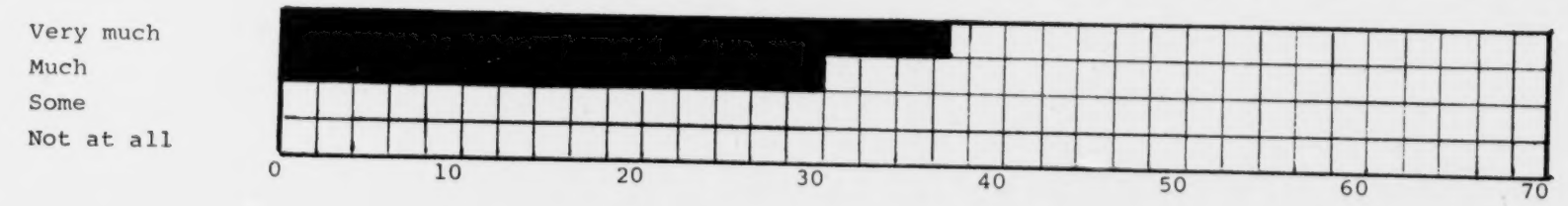
The Home-Based Working Conference was designed to present information about six home based programs to representatives of South Carolina and North Carolina Head Start programs. Of the **104** participants, **74** were Head Start personnel from the two states. They were joined by State Training Officers, Head Start Leadership Development Program representatives from Region IV along with representatives of various child caring agencies.

The following is a summary of the data collected on the evaluation tool.

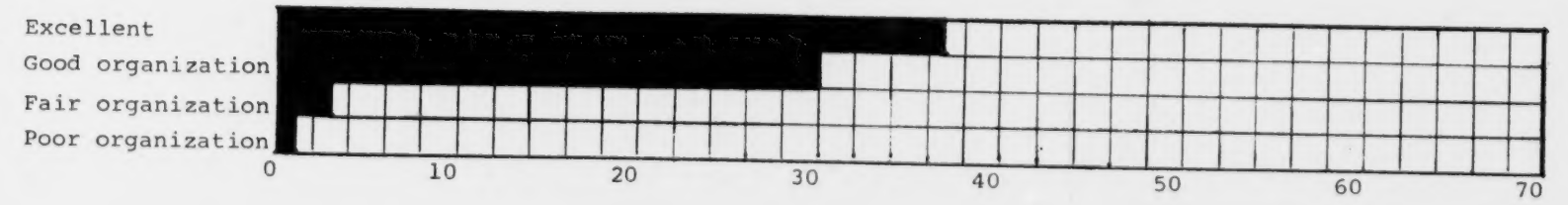
NUMBER OF RESPONSES - 71

1. Rate the degree to which the LINC Home-Based Programs conference helped you understand the "Home-Based" option for Head Start Improvement and Innovation.

2. Handout materials presented during conference helped me understand models presented.

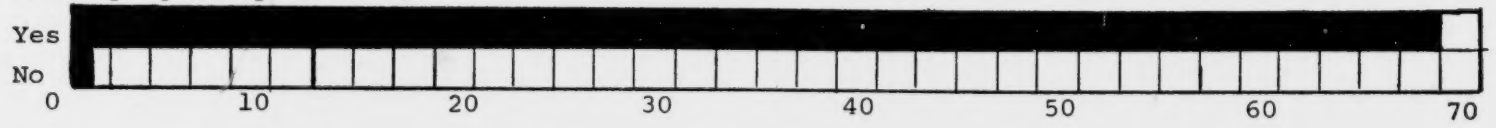


3. Rate the way the conference activities were organized.

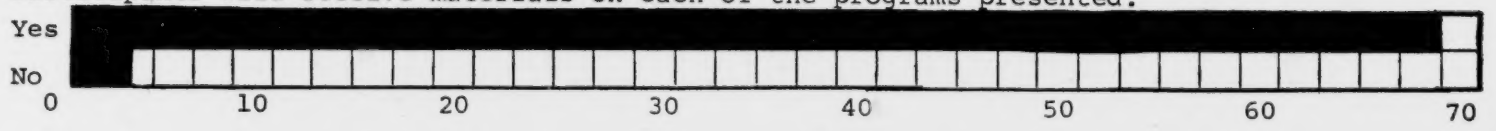


Check below the workshop expectations that were achieved by you:

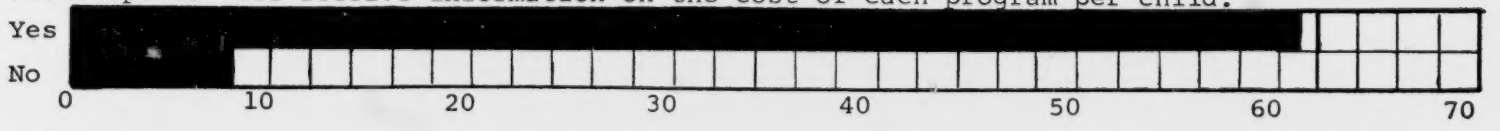
A. Participants will develop a list of the advantages and disadvantages of each of the Home-Based programs presented.



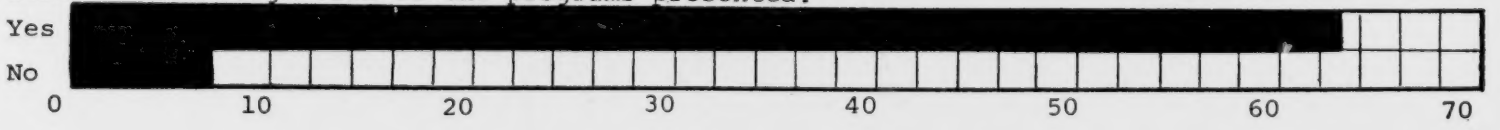
B. Participants will receive materials on each of the programs presented.



C. Participants will receive information on the cost of each program per child.



D. Participants will develop a list of questions about how the components of Head Start can be adhered to through each of the programs presented.



E. Participants will develop a mechanism for presenting the information obtained to their staff and community.

Participants' Concerns Related To Home Based Programs

Concerns	Not very important to me	Important got a little help	Important got moderate amt. of help	Important got a lot of help
1. Plans for social service involvement in the home.	6%	40%	27%	27%
2. Best technique for providing family involvement.	3%	29%	40%	28%
3. What feeding problems were encountered?	17%	49%	25%	9%
4. How were parents oriented?	0	12%	54%	34%
5. Role of parents.	2%	3%	26%	69%
6. Role of Parent Coordinator, teacher. Social Service.	1%	27%	32%	38%
7. Would material and equipment be bought for every home of the Home Based Child Program?	6%	18%	29%	47%
8. How many days and hours should be spent in each home per week?	2%	7%	34%	57%
9. Would lunch be prepared by staff with help of parent, if so, how would food be purchased?	13%	39%	28%	20%
10. Would staff go as a team (teacher and teacher's assistant) or would one staff member be assigned to individual families?	6%	17%	29%	48%
11. Is it possible for the Head Start program to use both the H/S Standards and the Home Based Child Program?	3%	19%	31%	47%
12. How does a community recognize its needs for a Home Based Program?	3%	44%	35%	18%
13. Involvement of several young siblings (within one family) in educational component; child care during cluster classes.	3%	22%	45%	30%
14. Method of selection and training of Home Start teacher and assistant.	4%	18%	40%	38%
15. Teacher loads (hrs. per child per week)	3%	13%	31%	53%
16. Parent Involvement program in planning and execution.	3%	32%	38%	27%
17. Complete coverage of Home Based Program concept.	0	15%	33%	52%
18. Budget—use of funds	6%	42%	36%	16%
19. A workable plan for Home Based Programs.	2%	22%	51%	25%
20. What is the design of the Home Based Program? How many children are served per teacher?	2%	7%	36%	55%

Participants' Concerns Related To Home Based Programs

Concerns	Not very important to me	Important got a little help	Important got moderate amt. of help	Important got a lot of help
21. What is the involvement of other staff with children and families of Home Based Programs?	0	24%	44%	32%
22. Who does health and parent invovement work with home based families?	0	23%	43%	34%
23. What are costs of Home Based Program?	4%	27%	46%	23%
24. How do these costs compare to operation of a center?	3%	43%	46%	8%
25. What hours of the day does the home visitor work in the home?	1%	24%	33%	42%
26. What written reports are required of the home based visitor?	5%	48%	33%	14%
27. Staff and training needed for Home Start or similar program.	1%	16%	52%	31%
28. How Home Start program is coordinated.	3%	24%	51%	22%
29. What evaluation of existing programs have been made and with what results?	5%	31%	44%	20%
30. Different ways of providing supportive services. Ways which failed as well as those which were successful.	1%	35%	35%	29%
31. Pros and cons on length of time/visit.	0	29%	43%	28%
32. How do you go about organizing Home Based Programs?	0	32%	49%	19%
33. How would you design a curriculum for Home Based Programs?	6%	42%	37%	15%
34. What type of nutrition program could be designed for Home Based Programs?	6%	48%	33%	13%
35. With the Home Based Program, would children be involved in Head Start Center part-time and involved at home part-time?	3%	13%	40%	44%
36. What ideas or suggestions can be given on the type of materials and equipment that would be needed for Home Based Programs and how could these materials and equipment be rotated from home to home?	0	13%	44%	43%
37. Actual content of session conducted in home.	1%	16%	42%	41%
38. Advantages of different combination of experience and ratios of time (ex: 2 days home, 1 day center, 3 days center, 1 home)	2%	36%	36%	26%

Participants' Concerns Related To Home Based Programs

Concerns	Not very important to me	Important got a little help	Important got moderate amt. of help	Important got a lot of help
39. What curricula have been developed?	1%	35%	47%	17%
40. Funding sources of parent-child centers.	7%	29%	41%	23%
41. Criteria for Home Start site selection.	4%	31%	37%	28%
42. Working out of staff hours in multiple approach (selling the staff)	8%	46%	29%	17%
43. Will Home Based Programs have the same emphasis on medical and dental and will they participate nationally in the same goals and objectives?	1%	25%	40%	34%
44. Training for home care mothers.	0	27%	38%	35%
45. How effective has Home Start Programs been to child and family?	1%	15%	39%	45%
46. What materials are taken into the home?	0	6%	37%	57%
47. What training did Home Start teachers receive?	0	19%	47%	34%
48. What have been the effects of Home Start on the center oriented operation?	5%	41%	37%	17%
49. Training process for in-home care givers: How will it be done? How will trainees be selected?	0	24%	48%	28%

LINC CHILD DEVELOPMENT TRAINING CENTER

FOLLOW-UP STRATEGY

HOW	WHO	WHEN	WHERE
I. Cluster sessions (1 day) and individual on-site visits (1 day each). A. N. C. - 4 Clusters: (9 programs per cluster) 16 individual on-site visits. B. S. C. - 3 Clusters: (6 programs per cluster) 8 individual on-site visits.	**LINC** Staff, SDC's T & TA Committee members, Directors, former workshop participants	May - July, 1973	North and South Carolina Programs at work sites to be identified.

CRITERIA FOR ON-SITE

1. Program needing help in meeting minimum performance standards.
2. Program in process of developing grant package.
3. Special regional requests
4. STO priorities.
5. Community representative priorities. (supervisory level)

FORMAT FOR CLUSTER SESSIONS AND ON-SITE VISITS

Day 1 - Cluster
(½ day) Work session on follow-up objectives from LINC statewide training.
(½ day) Work on shared priorities.

Day 2 - LINC Staff On-Site Visit - Programs to be selected according to "Criteria for On-Site". (content to be determined with programs)

Day 3 - LINC Staff On-Site Visit (different program)

THE HOME AND SCHOOL INSTITUTE, INC.

Dorothy Rich, President
P. O. Box 4847
Cleveland Park
Washington, D. C. 20008

PROGRAM OBJECTIVES—Parent and Educator In-Service Programs; To develop an educational partnership between home and school and community resources.

BRIEF DESCRIPTION OF PROGRAM FOR PARENTS AND TEACHERS—For parents and/or teachers: The Success for Children program begun in 1965, offering a curriculum for parents of home activities, especially geared for the child's early learning years. The program does not duplicate the work of the schools; it helps parents know more about how to build on and supplement the pre-school and regular school program.

PROGRAM COST PER FAMILY—$25.00 plus baby-sitting (group shared).

STAFFING PATTERN—One group leader for approximately eighteen parents.

QUALIFICATIONS NEEDED BY PROGRAM STAFF—For parent program-being a parent; having taken the Success for Children course; having taken leadership training with The Home and School Institute staff.

LIST SPECIAL EQUIPMENT OR MATERIALS NEEDED TO IMPLEMENT PROGRAM—No electronic gadgetry, just some simple written materials prepared by HSI. Basic content of materials is to pull together ideas, activities in different subject areas covered by course and convey basic "educational-partnership" philosophy of HSI programs.

STATEMENT ON HOW PROGRAM IS EVALUATED AND BY WHOM—Evaluation by participants; feedback sheets, anonymously filled-out; questions such as long range effects, if any, and short range effects. Changes that are recommended, etc. HSI is now looking into basic pre and post attitudes testing to be used in the near future. Materials development is also part of the evaluation; were materials actually developed and tested.

PROGRAM ADVANTAGES—It is low cost. With teachers it offers the real possibility of enhancing total educational quality in a really wholesale way, by using educators as the delivery system for a new partnership approach in education. One teacher reaches 30 sets of parents, etc.

PROGRAM DISADVANTAGES—Thur far, its main disadvantage is the uphill fight it has had to wage to convince educators, especially, that working with parents will not increase their work, it will decrease it and make it more effective. In all immodesty, we believe in the programs strongly.

ADDITIONAL COMMENTS—From arts and crafts to math and science, the focus is on every parent, including fathers, as teacher. The goal of the course is to help parents become better teachers of their children using the abilities and materials available in every home.

HSI Program for Teachers—In-service career development, graduate courses and workshops, school and parent community involvement, materials development, competency based programs to help teachers and administrators tap the educational goldmine outside school walls. To build an educational partnership between home and school.

We are now making publications available to other groups interested and regarding the teacher programs, offer a variety of teacher workshop in-service plans. HSI is a non-profit, tax-exempt, educational corporation.

Marketable Preschool Education Program

Roy W. Alford
Appalachia Educational Laboratory
P. O. Box 1348
Charleston, West Virginia 25325

PROGRAM OBJECTIVES—To make acceptable to rural preschool children a valid educational program which can serve as an alternative to classroom oriented program.

BRIEF DESCRIPTION OF PROGRAM FOR CHILDREN—A 34 week per year program consisting of three components; a daily half hour television lesson which the child watches at home; a weekly visit from a para-professional who works with the mother to stimulate additional educational activities in the home; and a weekly two hour group session with 12 to 15 children under the direction of the teacher and teacher aide.

PROGRAM COST PER CHILD—Approximately $260.00 per year.

STATEMENT ON PARENT INVOLVEMENT IN THE PROGRAM—The parent is provided with a weekly set of activities and materials with which she and the child work to achieve educational objectives.

STAFFING PATTERN—For each 150 children, there are four home visitors, one teacher and one aide.

QUALIFICATIONS NEEDED BY PROGRAM STAFF—Para-professionals-high school graduate or equivalent, drivers' license, and previous experience in meeting a variety of people in a variety of settings. Professionals-teaching certificate in early elementary or preschool education.

STATEMENT ON STAFF TRAINING—(How it is done and if any special training is needed). Suggested minimum of three weeks pre-service training in the areas of child development, teaching methods and materials with young children, and interview techniques, followed by weekly half day in-service training.

LIST SPECIAL EQUIPMENT OR MATERIALS NEEDED TO IMPLEMENT PROGRAM—A cooperating television station which will broadcast the television lessons into the home area of the telecast population.

STATEMENT ON HOW PROGRAM IS EVALUATED AND BY WHOM—During the field test (1968-1971) evaluation was done by AEL, results are available. An evaluation plan is provided for users of the program.

PROGRAM ADVANTAGES—Eliminates transportation for young children. Requires fewer personnel than other programs. Costs less than the classroom oriented programs, and can be made available to children not otherwise reached by preschool programs.

DEVELOPMENTAL EVALUATION TEAM

Division Of Community And Regional Services

Appalachian State University

Dr. Fergus Pope, Director

Boone, North Carolina

PROGRAM OBJECTIVES—Specific objectives are relative to each child and to each county being served. Overall program objectives have not been formulated. The general objective of the D. E. T. is to provide evaluation and intervention programing for the children who are referred.

BRIEF DESCRIPTION OF PROGRAM FOR CHILDREN—Each child referred to the D. E. T. is given a speech, hearing, developmental and physical examination. The team formulates an intervention program and the program is taken into the home by the developmental evaluation specialists.

STATEMENT ON PARENT INVOLVEMENT IN THE PROGRAM—Parents attend clinics and are trained to carry out the intervention program.

STATEMENT ON NUTRITION PROGRAM—Nutrition programs are provided by the team, public health nurse, and the local health departments.

STATEMENT ON STAFF TRAINING—(How it is done and if any special training is needed). To date training has been carried out by consultants.

STATEMENT ON MEDICAL/DENTAL PROGRAM—Medical program are provided by Dr. Pope and the local attending physicians.

STATEMENT ON PSYCHOLOGICAL SERVICES PROVIDED—Psychological testing and counseling are provided by Appalachian State University staff, Mental Health Departments, team physician, and developmental evaluation specialists.

QUALIFICATIONS NEEDED BY PROGRAM STAFF—Pediatrician, Developmental Evaluation Specialist—Masters Degree or Ph.D. Parent Instructor—Masters Degree. Children Services Administrator—Bachelor Degree.

LIST SPECIAL EQUIPMENT OR MATERIALS NEEDED TO IMPLEMENT PROGRAM—Developmental scales—Denver, Bailey, Cattell. Instruments for physical examinations and secretarial supplies.

STATEMENT ON PROGRAM USE OF COMMUNITY RESOURCES AND HOW THE PROGRAM HELPS PARENTS USE RESOURCES—The D. E. T. works very closely with health departments, departments of social services, mental health centers, and schools. Parents are referred to the listed agencies by the D. E. T.

PROGRAM ADVANTAGES—Home programs offered by the D. E. T. and cooperation with community agencies.

PROGRAM DISADVANTAGES—Size of the area served and amount of travel time required of staff.

BEAR RIVER COMMUNITY ACTION HOME START

Sheri Noble, Director
67 South Main
Logan, Utah 84326

PROGRAM OBJECTIVES—

1. To involve parents directly in the educational development of their children

2. To help strengthen in parents their capacity for facilitating the general development of their own children.

   a. physical

   b. dental

   c. immunizations (as needed)

   d. health and dental (as needed)

   e. screenings (vision, speech, hearing, tuberculosis)

   f. follow up (as needed)

4. To try to up-grade health services to low income persons.

5. To involve and educate parents in the area of health so they will sustain good health care and practices to their families in the future.

6. To provide health and nutrition education to parents and families in the home through the family educator and/or in group situation classes, meetings and discussions.

7. To develop educational programs in such areas as Child Development, Consumer Education.

8. To implement in homes a training program through the family educator, for parents which reflects an understanding of sound child development principles reinforcing this by classes or other group training.

9. To provide a series of success experiences for children through parent education, in order that feelings of frustration and failure may be eliminated.

10. To assist in promoting within the parents a feeling of accomplishment and self-worth as a result of their participation in the program.

BRIEF DESCRIPTION OF PROGRAM FOR CHILDREN—Home visitors visit with families once a week. They aid the mother in planning the curriculum for the week. They bring health and nutrition education for the family and often work with the child's cognitive development through the mother.

PROGRAM COST PER CHILD—$1,176.00.

STATEMENT ON PARENT INVOLVEMENT IN THE PROGRAM

1. Parent participation in the classroom.

2. Decisions are made by parents for curriculum.

3. Parent participation in the decision making process.

4. Policies.

5. Procedures.

6. Work plans.

7. Budget.

8. Screening committees.

9. Hiring, firing staff.

10. Recruiting.

11. Fund raising projects.

Bear River Community Action Home Start

STATEMENT ON NUTRITION PROGRAM—Nutrition is handled through supplementary food, food stamps, nutrition education to parents, county nutrition aids. Home visitors take snack ideas to parents each week.

STATEMENT ON MEDICAL/DENTAL PROGRAM—Finding all existing health defects through:

1. Accumulating records of past health and immunization statistics.

2. Performing screening test (tuberculosis, urinalysis, vision, speech, hearing, dental before going to the dentist/doctor of their choice). One main aspect of the center's health program—Advisory Board to provide coordination of health services to the Home Start families.

STATEMENT ON PSYCHOLOGICAL SERVICES PROVIDED—Staff Training: Child Development, Behavior Modification, Parent Effectiveness; meet weekly for problem-solving session of problems that come up each week. Provide classes for parents on child development and management.

STAFFING PATTERN—Director, Education Coordinator, Health Service Coordinator, Social Service Coordinator and two Aides, Nutritionist, Psychologist, eight Home Visitors, two Secretaries.

QUALIFICATIONS NEEDED BY PROGRAM STAFF—Director-BS Child Development, experience in management; Educational Coordinator-BS Child Development and teaching experience; Health Service Coordinator-R. N. The rest of the positions can be paraprofessional positions with the exception of the Psychologist which requires a master's degree in psychology and nutritionist which must have a B.S. degree.

STATEMENT ON STAFF TRAINING—(How it is done and if any special training is needed). Each Friday the staff is brought together for staff training. Each coordinator is responsible for training visitors in a particular area. Staff membes are free to request help in areas they need assistance in. There are also problem solving sessions where home visitors help themselves.

LIST SPECIAL EQUIPMENT OR MATERIALS NEEDED TO IMPLEMENT PROGRAM—We rely mostly on home made materials but have some educational toys, records, etc. We have things such as cameras, tape recorders, electric fry pan, small electic appliances.

STATEMENT ON HOW PROGRAM IS EVALUATED AND BY WHOM—Program is evaluated by APT Associates and High Scope. We also do a self evaluation yearly with parent assessment of the program.

STATEMENT ON PROGRAM USE OF COMMUNITY RESOURCES AND HOW THE PROGRAM HELPS PARENTS USE RESOURCES—Help parents in Adult Education, Nutrition Demonstrations, Supplementary food, food stamps, WIN, Mainstream, Neighborhood Youth Corp.

PROGRAM ADVANTAGES—Makes parents more involved in education of their child. Makes parents more self-sufficient, helps parents to be more independent and self-reliant.

PROGRAM DISADVANTAGES—Does not allow much time for extra visits. Educators cannot serve all the eligible people. Parents are geographically diverse, making group meetings difficult.

FAIRBANKS HOME START

Westeen Holmes, Coordinator

P. O. Box 724

Fairbanks, Alaska 99701

PROGRAM OBJECTIVES—To introduce new educational experiences that will give parents added knowledge and understanding about children's everyday learning. To provide parents the opportunities to explore the needs of their children and developing ways of meeting these needs. To provide opportunities for parents in becoming influential educators of their own children.

1. Develop a Home Start Policy Committee based on Head Start regulation (70.2).
2. Encourage verbal relationship between parent and child.
3. Encourage family interaction.
4. Increase parents' self-confidence and independency.
5. Encourage and develop sound nutritional habits through meal planning.
6. Encourage the use of referrals that are available through health education and social services in the community.
7. Work with parents, in planning specific time for family activities.

BRIEF DESCRIPTION OF PROGRAM FOR CHILDREN—Forty-one weekly sessions: twenty-one sessions focusing on the child, his family and community; plants and animals; six sessions on patriotism.

PROGRAM COST PER CHILD—$100,000—serving 80 families.

STATEMENT ON PARENT INVOLVEMENT IN THE PROGRAM—This Home Start program will learn about the following things: 1) various approaches in early child development, 2) ways of using elements of the child's typical environment such as household articles, television, magazines, grocery stores, etc., as teaching tools, 3) ways of enchancing child's social and emotional development, 4) ways to turn everyday experience into constructive learning experiences for for the child, 5) ways to encourage child's language development, 6) various effects of the interaction between parents, children and other family members.

STATEMENT ON NUTRITION PROGRAM.—Aimed primarily at helping parents make the best use of existing food resources, through food planning, buying and cooking. If food is not available staff will make every effort to provide it and to put the family in touch with whatever community organization can help on a regular basis.

STATEMENT ON MEDICAL/DENTAL PROGRAM—Home Start children will receive the same health services as Head Start children, but Home Start staff efforts will be directed more to securing service through referrals and follow up. However, when no other source is available Home Start will provide children with paid services.

Home Start will provide linkage with existing health services for the entire family unit on an as needed basis, but cannot provide payment for such services.

STAFFING PATTERN—Each home visitor is assigned to ten families; each home visitor will visit three families a day; each visit will be for two hours; each family will be visited weekly.

QUALIFICATIONS NEEDED BY PROGRAM STAFF—Must be in good physical and mental health, understand the goals and objectives, be sensitive to the families and community, meet all Home Start requirements in 90 days, be able to communicate and cooperate with all staff, be able to communicate with assigned families and community, be dependable, punctual and attend all workshop and training sessions.

STATEMENT ON STAFF TRAINING—(How it is done and if any special training is needed). Every Thursday and Friday mornings will be for training and planning. (Four hours each day).

FAMILY START

Dr. George Witt
59 Whitney Avenue
New Haven, Connecticut 06511

PROGRAM OBJECTIVES—Our program begins with families as they are about to have their first baby. We have developed recruiting procedures in the pre-natal clinics of local hospitals. Our family consultants visit the family in their own home on a weekly basis. The consultants initiate their relationships with the family by becoming involved in whatever enterprises the families have going, e.g., welfare, housing, health, education, job training, legal matters. They serve as advocates and help relate the families more effectively to existing community services. They also help the family prepare its eco-system for the baby and his needs. This of course, leads into developing and using infant education strategies. In time parent discussion and action groups will be fostered. As the oldest children approach preschool age the families will be helped to begin relations with the child care and educational facilities in their neighborhood. We then phase ourselves out of the family.

Parents and consultants work as a team. It is the parents who are responsible for deciding what area of their lives they want to focus upon. The consultant works within the framework the parents specify. The consultants make referrals to the VNA and Public Health Department, whenever nutrition related advocacy is indicated by the situation or requested by the parents.

STATEMENT ON MEDICAL/DENTAL PROGRAM—Consultants make referrals to existing health facilities in the community. The same procedure is used for psychological services.

STAFFING PATTERN—Ratio of one family consultant for 10-12 families. Family Start is a demonstration program; as such, it is limited to 90 families.

QUALIFICATIONS NEEDED BY PROGRAM STAFF—The family consultant has to be a resourceful, knowledgable, generalist. Top priority skills include the abiity to foster interpersonal communication in small group settings and to create meaningful rapport with a diverse range of human beings. He or she should be able to function in a variety of roles (teacher, advocate, counselor, etc.) and be adept at making easy transitions between his various roles.

STATEMENT ON STAFF TRAINING—(How it is done and if any special training is needed). Family consultants are trained during a six month orientation period. Each consultant is supervised by the director of the program both on an individual and group basis.

STATEMENT ON HOW PROGRAM IS EVALUATED AND BY WHOM—Research to be conducted by the University of Connecticut—Dr. Harris Kahn.

STATEMENT ON PROGRAM USE OF COMMUNITY RESOURCES AND HOW THE PROGRAM HELPS PARENTS USE RESOURCES—Prior to their work with the families, the consultants introduce themselves to the community agencies and services with whom it is expected that the families will have most contact. The consultants familiarize themselves with the goals, personnel, and structure of each organization. In this way, the consultant and the agency personnel are prepared to be of mutual assistance to the participating family.

PROGRAM ADVANTAGES—1) The consultant goes to the family; meets with the family members on their own terrain, their home. 2) Consultants are introduced into newly forming family units at a critical period in the family's life cycle: the birth of children. 3) The family is seen as an eco-system; the family systems are observed and the consultant tries to promote effective functioning of the existing systems.

HOME PROGRAM

Margaret I. Healy, B. V. M.
Chairman, Department of Education
Mundelein College Chicago
6363 Sheridan Road
Chicago, Illinois 60626

PROGRAM OBJECTIVES—To focus on the whole child in their home. To stimulate educational development of young children. To work with mothers teaching them that they are important to the child as a mother and as a teacher. To try to narrow the education gap between poor and the middle class families.

BRIEF DESCRIPTION OF PROGRAM FOR CHILDREN—There are twelve weekly one hour sessions for two year old children in their homes. Children learn visual and color discrimination, differences, counting and muscular coordination.

STATEMENT ON PARENT INVOLVEMENT IN THE PROGRAM—Parents are encouraged to begin working with their child on their own by the end of the twelve weeks. They use the library set up at the nearby development centers where they go monthly for follow-up reports.

STAFFING PATTERN—There are four home educators who work with five families each. There is a project administrator and a director of the child development center.

QUALIFICATIONS NEEDED BY PROGRAM STAFF—Home educators are high school graduates from the community. The child development center director has a master's degree in education and several years experience in child development.

STATEMENT ON STAFF TRAINING—(How it is done and if any special training is needed). The child development center director directs the two months training of the home educators.

STATEMENT ON PROGRAM USE OF COMMUNITY RESOURCES AND HOW THE PROGRAM HELPS PARENTS USE RESOURCES—If the parent has a child in the child development center they can enroll in the Adult Education Center.

MEHARRY MEDICAL COLLEGE

THE MATERNAL AND CHILD HEALTH/FAMILY PLANNING TRAINING AND RESEARCH CENTER

Bettye Jeanne Forrester, Project Director
Nashville, Tennessee 37208

The Maternal and Child Health/Family Planning Training and Research Center of Meharry Medical College received a grant from the Field Foundation for "A Pilot Project for Creating Developmental Family Day Care Centers and Training Low-Income and Welfare Mothers as Day Care Workers in the Southeastern United States". Two staff members—a Community Development Associate and a Child Development Associate—will live in each of five communities and provide on-site training. Other technical assistance will be provided by MCH/FP Center staff members in first-aid, health, pediatrics and economic development. It is expected that the community will be assisted in making all financial and physical provisions for family day care facilities. Then efforts will be directed toward on-site training in the community during the operation of the Center. Activities will involve provisions for, and the delivery of, developmental family day care.

The Developmental Family Day Care Project affirms our interest in home based programs and community control of child care services. Implementation of the proposal has been delayed a few weeks, but we expect to be staffed and to be assisting the first of five communities by April first, 1973.

NAVAJO HOME START PROGRAM

Harriett Marmon, Director of Education
Box 589
Fort Defiance, Arizona 86504

PROGRAM OBJECTIVES — Noteworthy will be Home Start objectives in establishing unprecedented coordination efforts, educational trends and community services. As a long range objective of behavioral and attitudinal change, it is predicted that education will have a different meaning to Navajo parents and ultimately all educators involved in working with the Navajo children. Another objective will be to build positive attitudes of parent involvement in order to extend the Navajo culture. We want to change present attitudes in which parents think that education is so important that to get it, the family must give up their child to the school.

BRIEF DESCRIPTION OF PROGRAM FOR CHILDREN—The 'home visitor' is the deliverer of services to children and families. She has a 'teacher's kit' of educational materials which are rotated from home to home during weekly visitations. Home Start children have 'Hogan Kits' (donated by the Red Cross) which are draw-string cloth bags to keep education items in. Curriculum plans and home activities are developed around the concept of the Hogan Kit. These are content areas of language development, creative expression and pre-reading skill development. The Home Visitor uses several approaches in working with mothers and children. Those include: 1) Visitor working with mother, ie., Toy Demonstrator, 2) Visitor works and demonstrates to both mother and child, 3) Visitor works with child while parent observes.

Group sessions for children are planned and held at least once per month.

PROGRAM COST PER CHILD—$295.00 per year.

STATEMENT ON PARENT INVOLVEMENT IN THE PROGRAM—Parents discuss and make decisions about program activities. In one instance, parents have decided when and how many times their children should hold group activity sessions. We continuously formulate our objectives for parent involvement in Navajo Home Start. Objectives change and require interpretation as the degree of growth and development in program operation takes place. Technically, Home Start has parent representation on the Navajo Head Start Policy Advisory Council.

STATEMENT ON NUTRITION PROGRAM—For the first year of the Home Start demonstration program, nutrition education for parents and staff takes place in in-service sessions. Visitors plan and work in the homes with parents in nutrition education, use of commodity foods, food stamps, good nutrition and sanitation, care and feeding of the baby and good health practices. We are discussing some type of food delivery services for Home Start and planning for the 'special milk program' available to our project.

STATEMENT ON MEDICAL/DENTAL PROGRAM—Home Start kids receive all medical care through Public Health Service. Dental visits number as high as four up to March, 1973. In our program, it is a matter of utilizing existing resources, learning referral techniques, 'pushing' for services to meet our medical needs. We are attempting to develop preventative measures and habits rather than curative approaches on the part of both parents and medical personnel.

STATEMENT ON PSYCHOLOGICAL SERVICES PROVIDED—Our main priority is in-service training which deals with identification of psychological problems and where to go for services. Public Health is understaffed and does not provide all services in the area of Mental Health.

STAFFING PATTERN—Navajo Home Start has two 'target areas' with four home visitors in each area (eight). There is one coordinator who plans and

Navajo Home Start Program

conducts training, supervises field staff and develops resources.

QUALIFICATIONS NEEDED BY PROGRAM STAFF—Must be bilingual and able to work with people; also indigenous to the target areas.

STATEMENT ON STAFF TRAINING—(How it is done and if any special training is needed). In-service sessions are held two times per month. We make use of available resource persons in areas of medical, library, nutrition, social and tribal agencies. We are tapping off-reservation resources, ie., library as well as government services. Our main emphasis is how to work with individual families and children.

LIST SPECIAL EQUIPMENT OR MATERIALS NEEDED TO IMPLEMENT PROGRAM — Navajo Home Start is to implement the Parent/Child Toy Lending Library Program. Most materials need translating into Navajo which we do. Activities, instructions, etc., are put on tape cassettes in Navajo and left with parents in the homes. Cultural materials are prepared by our program such as picture books, stories, slide presentations, etc.

STATEMENT ON HOW PROGRAM IS EVALUATED AND BY WHOM—National Home Start has ABT Associates to do the evaluation. We have developed our own evaluation criteria and guildelines. Evaluation is done by staff and Home Start parents. The second year, we plan to utilize some tests for evaluating children, and this aspect of the project.

STATEMENT ON PROGRAM USE OF COMMUNITY RESOURCES AND HOW THE PROGRAM HELPS PARENTS USE RESOURCES—The State Library services (in New Mexico and Arizona) have been tapped and are extended into the isolated Home Start areas. We are at the first step of utilizing resources—informing community members.

The visitors act as referral agents to bring parents and services together. Resources we utilize are: Public Health Service (medical and social), Tribal Services (Education, Employment, Clothing Program), State Services—Health and Library, private agency services, Red Cross.

PROGRAM ADVANTAGES—Resources are numerous. Target families have a high degree of cultural identification. Home Start philosophy and practice of taking program into the home. This is good for isolated families who have little opportunity for extended contacts outside their areas.

PROGRAM DISADVANTAGES—Travel time and distance to get to isolated areas. Unpaved roads—muddy and unmaintained. Isolation of families. Severe weather conditions.

PAR PROJECT

Betty Weinberger

Carolyn Haas

464 Central Avenue

Northfield, Illinois 60093

PROGRAM OBJECTIVES — To help parents see themselves as the prime resource in the educational and emotional development of their children. To offer parents concrete learning activities that they can do with their children at home; to motivate parents and give them confidence in their own ability to work with the children in their care; to foster warm-shared experiences between parents and children.

STATEMENT ON PARENT INVOLVEMENT IN THE PROGRAM—The focus of the program is on parent involvement. PAR offers parent workshops whereby parents and other non-professionals actively participate in the learning games, crafts, and rhythmic activities; within the informal and friendly atmosphere of the workshop parents can gain a positive attitudes about themselves and their ability to follow through with children; parent written materials are an integral part of the workshop program.

QUALIFICATION NEEDED BY PROGRAM STAFF—These workshops can be instituted by staff or other parents. PAR has trained quite a few parents who are now conducting workshops in their own communities. Qualifications would be interest, commitment to setting up the workshop and following through as outlined in the Workshop Procedures manual, experience in doing activities with children.

STATEMENT ON STAFF TRAINING—(How it is done and if any special training is needed). 1) Staff can train itself by following the methods outlined in Workshop Procedures, along with the corresponding activities in "Recipes for Fun". 2) PAR offers one or two day parent and/or staff leadership on a per diem basis (transportation and hotel expenses extra). The purpose of these training sessions is to teach workshop methods to staff members of child care agencies as well as selected parent leaders so that they might conduct workshops for their own parent groups.

LIST SPECIAL EQUIPMENT OR MATERIALS NEEDED TO IMPLEMENT PROGRAM—**Workshop Procedures**—a manual for each leader. **Recipes for Fun**—a booklet of 40 learning activities for each participant, both for workshop use and home follow through. A very basic supply kit consisting of scissors, glue, crayons, construction paper, crepe paper, and masking tape. A collection box or method of saving such throw-aways as cardboard, toilet and towel tubes, egg cartons, old socks, mittens, jar lids, etc.

STATEMENT ON HOW PROGRAM IS EVALUATED AND BY WHOM—An evaluation questionnaire for staff and workshop participants is included in Workshop Procedures. PAR evaluates the workshops which its own members conduct, and is getting feedback on workshops conducted by others.

Also, PAR has received a foundation grant to recruit and train inner-city parents to be workshop leaders. This leadership program is being evaluated separately.

STATEMENT ON PROGRAM USE OF COMMUNITY RESOURCES AND HOW THE PROGRAM HELPS PARENTS USE RESOURCES—The program helps develop their own strengths and use their own resources. Also encourages them to save everyday materials for learning.

PROGRAM ADVANTAGES—Requires a minimum of expense and energy, with maximum effectiveness. Parents workshops can be weekly, or not so often. Parents can help recruit participants, make name tags, serve coffee, collect "saved" items, design flyers. Participants have a **Recipes for Fun** book to take home as a reference when trying these activities with their children.

ADDITIONAL COMMENTS—Our workshops and written materials are being used in such home-based programs as National Head Start, Arkansas Family Day Care, Illinois Children and Family Services, Montana 4-C's.

PARENT AND CHILD CENTERS FACT SHEET

Richard H. Johnson, A.C.S.W., Program Director
Chief, Parent and Child Centers
Office of Child Development
Box 1182
Washington, D. C. 20013

PURPOSE OF PROGRAM—The Parent and Child Centers are established to provide comprehensive services for economically disadvantaged families who have one or more children under the age of three, for the purpose of helping families to function independently and effectively and for their children to develop to their full potential.

BACKGROUND—As a result of two Task Forces convened in 1966, one at the request of the Secretary for D.H.E.W., and one at the request of the President, the President, in February 1967, addressed Congress on the subject of children and youth, and requested the development of a number of comprehensive service programs for economically disadvantaged families with children 0-3 years of age to be called Parent and Child Centers. This sequence of events came about as a result of increasing evidence that the prenatal period and infancy are crucial influence on a childs' subsequent development. It was further concluded that if poverty stricken children are to develop to their fullest potential, service techniques, processes and systems must be developed to serve as preventive measures against the development of health, intellectual, social and emotional deficits in these children.

Headquarters for the Parent and Child Centers are within Project Head Start in the Office of Child Development, Washington, D. C. The programs are monitored by a staff of three Program Specialists and a chief, in collaboration with the OCD Regional Offices. At the local community level, the Parent and Child Centers are administered by a Community Action Agency (CAA), or one of its Delegate Agencies. Funds for all the PCC's come from the Office of Economic Opportunity.

OBJECTIVES AND PRIORITIES—Parent and Child Centers have as their primary objectives:

1. Improving the overall developmental progress of the child, emphasizing the prevention of deficits in the child's health, intellectual, social and emotional development.

2. Increasing the parents' knowledge of their own children's development, as well as assisting them to be more effective parents and teachers of their children.

3. Strengthening the family unit and functioning.

4. Creating in parents an increased awareness of their community.

Parent and Child Centers attempt to accomplish these objectives by providing the following:

- Activities for the very young child designed to stimulate the cognitive, emotional, and physical development to the maximum potential.

- Opportunities for parents to understand the stages of child development and the importance of their own role during this time.

- Comprehensive health care for the young child and his family and education in family health matters for the parents.

- Early and intensive attention to nutrition needs and counseling, as well as prevention of nutrition related deficits caused during pregnancy.

- Social services for the entire family.

- Assistance to parents in overcoming economic and personal problems in order that they may be freer to function as parents.

PROGRAM ELEMENTS—Because PCC's represent a major intervention strategy into the complex multifaceted problems of poverty, their program components should include:

1. Cognitive stimulation experiences for infants

Parent And Child Centers Fact Sheet

and children 0-3 in home based settings as well as center based settings.

2. Parent education.
3. Family and personal counseling.
4. Family life education.
5. Health care coordination.
6. Nutrition.
7. Social service coordination.
8. Leadership development.

PROGRAM COVERAGE— There are currently 33 Grantees being responsible for the operation of 33 Parent and Child Centers, representing 21 urban sites and 12 rural sites. These programs (PCC's) are serving 3,779 focal children, and an additional 3,604 children 0-5 through advocacy components recently developed within seven of the thirty-three PCC's.

Beginning in October 1971, the Center for Community Research, under contract to the Office of Child Development, D.H.E.W., has been conducting an Impact Study of the national Parent and Child Center program. Final results from this exhaustive study should become available in late '73 or early 1974. In general, PCC's have been well received in their respective communities, and the concept of service is extremely popular with parents, communities, numerous professionals, and some legislators at the national level.

PARENT CHILD TOY LENDING LIBRARY

Ralph Baker, Director
1855 Folsom
San Francisco, California 94103

PROGRAM OBJECTIVES—Help children develop skills and problem solving abilities. Help children maintain and develop a positive self concept and help parents have an important voice in deciding how schools teach their children.

BRIEF DESCRIPTION OF PROGRAM FOR CHILDREN—Program consists of two-hour sessions usually meeting once a week. Each week there is discussion on some phase of child development. A new toy is introduced at each meeting.

STATEMENT ON PARENT INVOLVEMENT IN THE PROGRAM—Parents attend eight two-hour sessions, meeting once a week to receive instructions on how to play games with children. New toys are introduced each week with discussion of some topic in child development.

STATEMENT ON NUTRITION PROGRAM—None specifically in program discussed during an eight week parent course.

STATEMENT ON MEDICAL/DENTAL PROGRAM—Discussed during eight week parent course.

STATEMENT ON PSYCHOLOGICAL SERVICES PROVIDED—Discussed during eight week parent course.

STAFFING PATTERN—Funding Agency Administrator, Toy Librarian.

QUALIFICATIONS NEEDED BY PROGRAM STAFF—Community person. No special qualifications needed. Should be Librarian.

STATEMENT ON STAFF TRAINING—(How it is done and if any special training is needed). Librarian will be trained by consultant or state training officer trained by Far West Laboratory in area where Toy Library will be established. If funds are available, Librarian could attend training session out of state.

SPECIAL EQUIPMENT OF MATERIALS NEEDED TO IMPLEMENT PROGRAM—16mm film projector and screen, cassette player and filmstrip projector.

STATEMENT ON HOW PROGRAM IS EVALUATED AND BY WHOM—Set of evaluation instruments developed by Far West Laboratory which may be changed by Librarian and parents to suit needs of the community where Toy Library is in operation.

STATEMENT ON PROGRAM USE OF COMMUNITY RESOURCES AND HOW THE PROGRAM HELPS PARENTS USE RESOURCES—Community person operates Toy Library, working closely with parents and community resource people to implement program.

PROGRAM ADVANTAGES—Develop rapport and understanding between parent, child and community.

PROGRAM DISADVANTAGES—Rather expensive for low income and some middle income groups.

WICHITA HOME START PROGRAM

Elizabeth Besser, Home Start Director
352 North Broadway
Wichita, Kansas 67202

PROGRAM OBJECTIVES—To involve parents directly in the educational development of their children. To help strengthen in parents their capacity for facilitating the general development of their own children. To assist the family in becoming a self sufficient unit by; 1) making families aware of existing community resources, 2) promoting better utilization of existing resources, 3) making the community more aware and responsive to the needs of low-income families.

BRIEF DESCRIPTION OF PROGRAM FOR CHILDREN—The Wichita Home Start Program is staffed by ten people; a Director, a Secretary, and eight Home Visitors. Each of the home visitors work with ten families. They meet with their families once a week to deliver health, nutrition, social/psychological and education services. The home visits are supplemented by field trips and by group meetings for the parents. Frequent group experiences are provided for the children.

PROGRAM COST PER CHILD—$381.00 per year (based on a budget of $100,000 for 262 children under the age of six).

STATEMENT ON PARENT INVOLVEMENT IN THE PROGRAM—Parents take part in Home Start as; 1) teachers, 2) decision makers. As teachers the parents take part in the weekly visits in the home and have the opportunity to continue the activities during the week. They also take part in field trips and group activities which are planned as learning experiences. As decision makers the ten families of each home visitor form a parent group which meets once a month to consider Home Start business. Each family has a vote. Each group elects a representative and a co-representative to serve on the Home Start Parent Policy Committee. The Committee shares in the development and determination of the policies for Home Start with the City Wide Policy Council and the WACAPI Governing Board. The Committee has many responsibilities and is very active.

STATEMENT ON NUTRITION PROGRAM—The home visitors are responsible for carrying out the nutrition program. They discuss nutrition in the homes and suggest new ways of using commodities, sharing recipes, etc. In addition several of the parent groups have had programs on nutrition and ideas are shared between parents and visitors.

STATEMENT ON MEDICAL/DENTAL PROGRAM—There is a provision in the Home Start budget for medical and dental examinations for target chidren. However, as the visitors are in the homes they are aware of medical needs of the total families and an attempt is made to meet the needs. We are making use of the Family Practice Clinics, which are in two of the local hospitals and in addition we are constantly looking for other resources for medical and dental care. At this point we do not feel that the medical and dental care provided for low income families in Wichita is adequate.

STATEMENT ON PSYCHOLOGICAL SERVICES PROVIDED—The Home Start families are referred to resources in the community or when needing social/psychological services. The role of the Home Start visitor is one of a concerned and accepting listener who attempts to help the families make use of the resources in the community. In addition we hope to make the community aware of the needs of the Home Start families.

STAFFING PATTERN—The Wichita Home Start staff consists of a Director, a Secretary and eight Home Visitors. The Head Start Consultants are available to Home Start are not considered on the Home Start staff.

Wichita Home Start Program-Continued

QUALIFICATIONS NEEDED BY PROGRAM STAFF—The qualifications for a home visitor include prior experience in early childhood programs, access to a car and a valid drivers' license. The ability to arrange working hours for evening and Saturday if neessary. Most important the home visitors must be sensitive to the needs and cultures of the families they visit and be able to relate to the parent and child.

STATEMENT ON STAFF TRAINIG—(How it is done and if any special training is needed). A two week period of pre-service training was scheduled before the program started. The training period included information on Early Childhood Development, health, nutrition and psychological services. We have had training on techniques of teaching, developing skills in leading groups and becoming acquainted with community resources. The greatest emphasis is placed on relating to and communicating with others. In addition to the pre-service training there has been on going in-service training in various areas. This has been done with the cooperation of the Head Start Program and separately as Home Start Training. Also funds have been available for the staff to take part in classes at the university and workshops available in the community.

LIST SPECIAL EQUIPMENT OR MATERIALS NEEDED TO IMPLEMENT PROGRAM—Originally Home Start planned to use the materials which could be found in most homes. In addition the home visitors were provided with such tools as crayons, scissors, paste, paper, etc., that one would find in any preschool class. It soon became evident that many homes were so limited that it was necessary to take other equipment into the home. Toys have been purchased and are used either at the time of the visit or left in the home for the child to use on a loan basis. Children's books have been purchased and are used both at the time of visit and in the home, if that seems to be the best plan. Other equipment that has been purchased include record players for the home visitors, jig saws for the parents to use in making puzzles, sewing machines which have been used in sewing classes for parents.

STATEMENT ON HOW THE PROGRAM IS EVALUATED AND BY WHOM—Wichita Home Start is one of the programs sponsored by the Office of Child Development which are being evaluated by the research agencies ABT Associates and High Scope. A case study of Home Start is being written by ABT Associates and visits are made by their staff every six months. In addition the children in the program are being evaluated by personnel who are hired and supervised by ABT Associates.

STATEMENT ON PROGRAM USE OF COMMUNITY RESOURCES AND HOW THE PROGRAM HELPS PARENTS USE RESOURCES—Home Start makes use of all the community resources which are available. We are constantly searching for new resources that can be used by the families in the programs. Parents are encouraged to apply to programs which will meet their needs or referred to other resources. Examples of resources frequently used are Community Health Programs, Family Consultation Center, Wichita Guidance Center, Sedgwick County Health Department, Salvation Army, Lutheran Social Service, and various church organizations.

PROGRAM ADVANTAGES—The Home Start staff is made up of concerned accepting non-judgmental people and it is believed that this is our biggest asset. From the standpoint of program planning the low case loads and the time the home visitors have to spend with their families is extremely important. The help and the interest of Head Start and other community agencies has also been a big asset.

PROGRAM DISADVANTAGES—Major problems have been the lack of transportation for the families and the difficulty of keeping the home visitors' cars in working order. We have found other problems in the community such as inadequate medical care and the attitudes of some helpers in the community.

ADDITIONAL COMMENTS—We like Home Start and are proud of the job it is doing.

XAVIER UNIVERSITY HOME START

Sister Mary Loyola, Director

2238 Caffin Avenue

New Orleans, Louisiana 70125

PROGRAM OBJECTIVES—To provide the readiness experiences which are usual in the life of the majority child and on which the traditional school curriculum is built for the minority child. To involve the parents in the delivery of this service.

BRIEF DESCRIPTION OF PROGRAM FOR CHILDREN—Home Start aides visit homes on a Monday-Wednesday or a Tuesday-Thursday schedule. They teach the child in the presence of the parent for one hour. Homework is left ond directions are given to parents on how to work with the child. Each child receives 2½ hours per week. 1,200 children enrolled.

PROGRAM COST PER CHILD—$265.00 per year.

STATEMENT ON PARENT INVOLVEMENT IN THE PROGRAM—The parent opens the door to admit the teacher. The parent is either an observer when a new technique is taught or a participant when review or drill is the aim. The parent receives the homework and is expected to produce the results at the following lessons. Parents attend meetings.

STATEMENT ON NUTRITION PROGRAM—The weekly Newsletter give information on balanced diet. Referrals are made for welfare or food stamps.

STATEMENT ON MEDICAL DENTAL PROGRAM—Children have had teeth examined and fluoridated. Attempts have been made for services through Neighborhood Health Clinic—too much red tape. We have given information to parents directly and through Newsletter.

STATEMENT ON PSYCHOLOGICAL SERVICES PROVIDED—Referrals.

STAFFING PATTERN—Three Neighborhood Coordinators, One Public Relations and Business Director, Forty Home Start Aides, One Secretary.

QUALIFICATIONS NEEDED BY PROGRAM STAFF—The usual paper credentials are waived in lieu of competency developed through life experiences.

STATEMENT ON STAFF TRAINING—(How it is done and if any special training is needed). One month of intense training and weekly on-going training. The training is given by Xavier University consultants—MNA's in Early Childhood Education whose backgrounds are similar to the trainees. Continual training is needed.

LIST SPECIAL EQUIPMENT OR MATERIALS NEEDED TO IMPLEMENT PROGRAM—The program uses materials made by the aides and the parents. Materials include matching, puzzles, games relating to color, size, shape, games for vocabulary building, exercises in the development of visual-auditory acuity, etc.

STATEMENT ON HOW PROGRAM IS EVALUATED AND BY WHOM—Standardized tests CDA evaluation team, neighborhood education committees from TCA centers. Parents also fill out lists.

STATEMENT ON PROGRAM USE OF COMMUNITY RESOURCES AND HOW THE PROGRAM HELPS PARENTS USE RESOURCES—The Neighborhood Community buses are used for field trips. The public schools are used for testing sites. The schools are also used for Community Conferences. The Y.M.C.A. gymnasium and the Sesire Community Center were used for conferences. Xavier University is also used for conferences and training.

PROGRAM ADVANTAGES—Parent involvement—the best and most economical teachers. Reaches the child at the right age to do the job (2-5 years). Uses workers sensitive to community.

PROGRAM DISADVANTAGES—Too small — not enough funds.

ADDITIONAL COMMENTS—We have a 25 minute movie available for the cost of postage.

HARVARD GRADUATE SCHOOL OF EDUCATION

Dr. Jean C. Watts
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Cambridge, Mass. 02138

We apologize for having to charge for these reprints, but the money is necessary to cover xeroxing, stenciling and postage costs.

Title	*No. of Pages*	*Price*
Human Interaction Scale	41	$1.50
Object Interaction Scale	7	.50
Questionnaire—First Home Interview	15	1.00
Questionnaire—Final Home Interview	10	.75
Human Or Material Environment Scale	111	5.55
Mother-Child Interaction and Intellectual Development From Age One To Three (abbreviated Version Of EPA Paper)	9	1.00

Three chapters describing our method of observing the child's environment, a comparison of environments of well-developing and poorly-developing 1-3 year olds, and four case studies of 1-and 2-year-olds will be available in a forth-coming book entitled "Experience and Environment: Major Influences On the Development of the Young Child." (To be published by Prentice-Hall, 1972).

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BIBLIOGRAPHY

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1972 — U. S. Dept. HEW, Publication No. (OE) 72-84. **Model Programs: Compensatory Education: Mother-Child Home Program, Freeport, N. Y.**

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II. The Home and School Institute

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Success For Children: A sampler of teaching ideas for parents, including reading, writing and arithmetic for home use, drawn from the Institute's Creative Parent program. $1, approx. 60 activities; listed by the US Office of Child Development Home Start program.

Thinking Curriculum Lab: Teaching ideas and materials for parents and teachers interested in helping children learn how to use their heads creatively, drawn from the Creative Parent course. $2. Helping children learn how to think more effectively is the core of the parent program.

Lecture-Workshops: (Details on request).

Parent Involvement in Practice.

Parent Power: A Home Start for Every Child.

Teacher Power: Working with Parents and Community.

Home and School in Conflict?

The Second R: Why Johnny and Jane Can't Write and Ways to Help.

III. Parent Child Development Center

3300 Freret Street

New Orleans, Louisiana 70115

In The Beginning, a booklet covering the first six months of parents' enrollment in our program. It is a workbook for mothers with ideas and topics for the infant from birth to eight months.

Education For Life: Educator's Guide Vol. I, a record and reference book for the Home Visit Educators. This book coincides with the mother's curriculum book, **In The Beginning.**

Additionally, a copy of "Working with Parents on the Importance of Curiosity and Exploration in An Infant's Development" by Louise Ledget and Melba Rabinowitz will be mailed to you, with no additional charge, along with your request(s). This is a brief overview of our philosophy of exploratory behavior and some examples of how we demonstrate this phenomenon to parents.

Additional materials are in preparation for Phase II of the mother's curriculum book which covers 6-12 months, as well as booklets of staff training, equipment, etc.

Information regarding price of the books concerned is as follows:

1. In the Beginning $5.00 each
2. Educator's Guide Vol. I $3.00 each

Make checks or money orders payable to P.C.D.C. Educational Fund.

IV. Allen Raymond, Inc.

P. O. Box 1223

Darien, Connecticut 06820

Early Years: (Group rates: $6.50 year).

V. Afram Associates

68-72 East 131st Street

New York, New York 10037

Attention: Action Library—Day Care
Preston Wilcox, President

VI. Council of Independent Black Institutions (CIBI)

P. O. Box 57

Lefferts Station

Brooklyn, New York 11225

VII. Other Publications:

Bridgman, Jane. **A Handbook for Family Day Care Workers,** Demonstration and Research

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The PCC Newsletter is published quarterly as an information service by ABT Associates, Inc., 55 Wheeler Street, Cambridge, Massachusetts 02138 for the U. S. Office of Child Development, under contract HEW-OS-72-94. Please forward all correspondence to: Laura R. Studen, Editor, ABT Esso-ciates, Inc., 55 Wheeler Street, Cambridge, Massachusetts 02138.

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Price $.45. Catalog No. 1300-32.

VIII. LINC Child Development Training Center

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Greensboro, North Carolina

The following audio and video tapes were recorded during the Working Conference of Home Based Programs:

Audio Tapes

1. Florence Sequin—This is a question and answer session. Recorders from each group asked questions of the presenter from a home based program. Approximately 1 hour.
2. Penny Kirschenfeld and Arlene Kochman—Part of the question and answer session. Approximately 1 hour.
3. Kyo Jhin—Question and answer session.
4. Shirley Young—Question and answer session. Audio tapes were recorded on reel-to-reel tape recorder.

Video Tapes—(1 hour in length).

1. Florence Sequin—Presented information on Home Start from Office of Child Development, Washington, D. C.
2. Kyo Jhin—Presented information on TAR-COG Home Start Program, recorded on AV3600 series (new format).
3. Gregory Simms—New Approach Method. Presented information on program and questions and answer session.
4. Shirley Young—Home Start Program, Franklin, North Carolina.
5. Penny Kirschenfeld and Arlene Kochman—Presentation on the Mother and Child Interaction Program.
6. Judith McMurray — Presentation from Florida Parent Education Program.

Video tapes recorded on CV2100. (old format).

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